

YMCA Child Care Waitlist Application - Grey County

Program Selection			
<input type="checkbox"/> Child Care - Hanover	<input type="checkbox"/> Dawnview	<input type="checkbox"/> Hanover Heights	<input type="checkbox"/> Holy Family
School Age Program - Hanover			
<input type="checkbox"/> Child Care - Owen Sound	<input type="checkbox"/> Alexander	<input type="checkbox"/> East Ridge	<input type="checkbox"/> Hillcrest
School Age Program - Owen Sound			<input type="checkbox"/> Kepple-Sarawak
If you selected School Age Program, is the school different than the one your child attends?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what school does your child attend?			

Schedule and Needs		
When do you require care to start for your child?	Year: _____	Month: _____
Schedule Type:	<input type="checkbox"/> Full-time Child Care (Monday - Friday)	
	<input type="checkbox"/> Full-time School Age (Before & After, Monday - Friday)	
Are there any medical, developmental, or learning needs we should know about to support your child? If yes, please describe:		

Parent & Child Information			
Child's Name:	_____		
	FIRST NAME	LAST NAME	BIRTH MM/DD/YYYY
Home Address:	_____		
	HOUSE/FIRE #	STREET	CITY
Parent/Guardian #1:	_____		
	FIRST NAME	LAST NAME	
Contact:	_____		
	HOME/CELL #	WORK #	EMAIL
Parent/Guardian #2:	_____		
	FIRST NAME	LAST NAME	
Contact:	_____		
	HOME/CELL #	WORK #	EMAIL

FEE SUBSIDY INFORMATION

Grey County: occms.grey.ca/olaf/en-ca/welcome

Bruce County: brucecounty.on.ca/services/human-services/child-care-fee-subsidy

PLEASE EMAIL THIS FORM TO THE CENTRE OF YOUR CHOICE

YMCA Child Care - Hanover
hanoverearlylearning@osgb.ymca.ca
519-364-4938

Hanover School Age Program
hanoverbeforeafter@osgb.ymca.ca
519-364-4938

To book a tour, or to inquire about your status on the wait list, or to inform us of changes to your address or phone number, please contact the Centre directly.

YMCA Child Care - Owen Sound
owensoundearlylearning@osgb.ymca.ca
519-371-9622 ext. 1

Owen Sound School Age Program
owensoundbeforeafter@osgb.ymca.ca
519-371-9622 ext. 2

Signature: _____ Date: _____

For Admin Use Only: Date Received: _____ **Program:** _____