



# CENTRALIZED WAITING LIST REGISTRATION FORM

Please fill and return by fax or mail to:  
Child Care Information, 600-700 Industrial Avenue  
Ottawa ON K1G 0Y9  
Fax: (613) 736-9606  
Email: cci@afchildcare.on.ca



This form is also available on the following web site: [www.childcareinformation.ca](http://www.childcareinformation.ca) If you have any questions while completing this form, Child Care Information staff would be happy to assist you. The phone number is (613) 248-3605. Please notify Child Care Information of any changes to your contact information.

## PARENT/GUARDIAN INFORMATION

Parent/Guardian (Main Contact)      Mother       Father       Guardian

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt.: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_ Telephone (Home): \_\_\_\_\_

Telephone (Cell): \_\_\_\_\_ Telephone (Work/Studies): \_\_\_\_\_ Ext.: \_\_\_\_\_

Pager: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian (Optional)      Mother       Father       Guardian

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt.: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_ Telephone (Home): \_\_\_\_\_

Telephone (Cell): \_\_\_\_\_ Telephone (Work/Studies): \_\_\_\_\_ Ext.: \_\_\_\_\_

Pager: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## ADDITIONAL INFORMATION REQUIRED BY CHILD CARE SERVICE(S)

Generally, child care costs are the responsibility of the parents. Subsidies may be available to qualifying families living in Ottawa who require financial assistance in order to help them with licensed child care expenses. For additional information, call the Subsidy Application Line at (613) 580-9696.

Please indicate your requirement:      Subsidized Space       Full-Fee Space

Preferred language(s) of care:      French       English       Other  \_\_\_\_\_

Do(es) the child(ren) you are applying for have at least one sibling in care with a licensed child care service?:      Yes       No

If yes, specify the name of the licensed child care service: \_\_\_\_\_

### Parent/Guardian (Main Contact)

Is there a child care service affiliated with your workplace/school?: Yes

If yes, specify name of employer: \_\_\_\_\_

And/or, specify name of school: \_\_\_\_\_

Are you an Aboriginal applicant? (voluntary declaration): Yes

### Parent/Guardian (Optional)

Is there a child care service affiliated with your workplace/school?: Yes

If yes, specify name of employer: \_\_\_\_\_

And/or, specify name of school: \_\_\_\_\_

Are you an Aboriginal applicant? (voluntary declaration): Yes

## **CHILD CARE INFORMATION CENTRALIZED WAITING LIST CONSENT FORM**

Child Care Information, a program of Andrew Fleck Child Care Services, has been retained by the City of Ottawa to maintain the Centralized Waiting List. The collection, use and disclosure of the personal information entered on this Registration Form is governed by Andrew Fleck's Privacy Policy. To read more about Andrew Fleck's Privacy Policy, you can visit the following website: [www.afchildcare.on.ca/PrivacyPolicy/PrivacyPolicy.htm](http://www.afchildcare.on.ca/PrivacyPolicy/PrivacyPolicy.htm)

By choosing to complete this Registration Form, you are consenting to Child Care Information's collection of your own personal information and that of your child. You are also confirming that Child Care Information has the consent of the other parent/guardian for the collection of his or her personal information should you choose to complete that section of the form.

Child Care Information will use the personal information you have submitted to add your child/children to the Waiting List's database. A Data Entry Clerk will review your form to ensure proper completion. Parents who have registered on-line and have provided an e-mail address will receive an email confirmation. Parents who send their registration form by fax, email or mail will receive a telephone confirmation. An Information Counsellor will then activate your file and the personal information that you have submitted will be placed in the database. Prior to activation, you may receive a telephone call from an Information Counsellor to clarify a particular matter or to review your choices of Centres and/or Agencies to ensure they meet your child/children's needs. By filling out this Registration Form you are consenting to this use of the personal information you have provided.

Finally, when you choose one or more Licensed Child Care Centres and/or Licensed Home Child Care Agencies on the Registration Form, you are consenting to the disclosure of the personal information you have submitted to those specific centres and/or agencies. These centres and/or agencies will be able to review your information to determine whether or not they are able to offer you a space for your child in the event that one becomes available.

Please note that if one of these Centres or Agencies contacts you and if they collect further personal information about you, your child or anyone else, the collection, use and disclosure of that information is governed by that individual Centre/Agency's privacy policy. Child Care Information is not responsible for the personal information practices of the Licensed Child Care Centres and or Licensed Home Child Care Agencies participating in this Waiting List program and any concerns about their practices should be communicated to them directly.

**I AGREE**

***This box must be checked in order for us to process your application***

**Please Note: The licensed child care services' and the schools' information is updated on an annual basis. It is the responsibility of each child service to provide Child Care Information with an update. Child Care Information does not ensure the availability of a child care space or the quality of the child care services. Therefore, it is important to visit the centre/home before accepting a space.**

**CHILD INFORMATION (1)**  
*(Complete for each child requiring care)*

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Expected/Actual Date of Birth: \_\_\_\_\_  
dd/mm/yyyy

Gender: Male  Female  Unknown

Child Diagnosed with Special Needs: Yes

*As defined in the Ontario Day Nurseries Act, a child with special needs is a child with a physical, mental or developmental impairment that is likely to continue for a prolonged period of time as verified by objective psychological or medical findings. If your child's special needs meet the above criteria, Children's Integration Support Services can be of assistance. For more information, call (613) 736-1913 ext. 231.*

**SELECT HOURS**

Full-Time Service:

*For younger children, full-time service usually represents five full days a week of care. Typical operating hours are 7:30 - 5:30 and 7:00 - 6:00 within the suburban & rural areas. For children attending school, full-time service represents before AND after school care.*

Part-Time Service  Monday am  pm  Tuesday am  pm  Wednesday am  pm   
Thursday am  pm  Friday am  pm

*For younger children, part-time child care usually represents a few full days of care a week required on a regular basis. Limited child care services provide half-day child care required on a regular basis. For children attending school, part-time child care EITHER represents before and after school A FEW DAYS A WEEK or the option of before OR after school care on a regular basis.*

Irregular Hours (Indicate hours of care required beside each day)

Monday From \_\_\_\_\_ To \_\_\_\_\_ Tuesday From \_\_\_\_\_ To \_\_\_\_\_  
Wednesday From \_\_\_\_\_ To \_\_\_\_\_ Thursday From \_\_\_\_\_ To \_\_\_\_\_  
Friday From \_\_\_\_\_ To \_\_\_\_\_ Saturday From \_\_\_\_\_ To \_\_\_\_\_  
Sunday From \_\_\_\_\_ To \_\_\_\_\_ Shift Work Schedule/On Call

*Irregular service would include: extended hours (additional hours of child care outside of the ordinary hours of service), respite care within typical operating hours (7:30 – 5:30), weeknight/weekend care, shift work schedules, etc. Please note that home child care tends to have more room for flexibility than child care centres, depending on a provider's availability.*

**PARENT(S)/ GUARDIAN(S) INTERESTED IN A SPACE WITHIN A LICENSED HOME CHILD CARE AGENCY**

*(Complete this section if you are considering this option)*

*Licensed Home Child Care agencies serve families through the provision of monitored, flexible child care arrangements in the homes of providers. Agencies ensure that all providers meet the requirements of provincial legislation as well as local fire, safety and health requirements. Care is offered to children from infancy through to 12 years of age.*

Date Child Care Required to Start: \_\_\_\_\_ dd/mm/yyyy Municipal Ward Number(s): \_\_\_\_\_  
(Please refer to the "Neighbourhoods by Wards" document)

*For home child care, the following information is helpful to better assist families.*

Transportation OC Transpo  Vehicle  On Foot  All  Other

Preferred Pet-Free Home: Yes

**SPECIFY HOME CHILD CARE AGENCIES (in order of priority for statistical purposes only) (see Appendix A)**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

PERMISSION TO SHARE INFORMATION WITH OTHER AGENCIES IN THE CHOSEN CITY WARD(S): YES

*By agreeing, Child Care Information will have permission to share your information with other home child care agencies in the same City ward(s) as the agencies you have chosen, upon their request only. Reports by City ward will be used to help fill empty spaces, to plan for program /capacity expansion and to assist new home child care agencies.*

**CHILD INFORMATION (1) (con't)**

**PARENT(S)/ GUARDIAN(S) INTERESTED IN A SPACE WITHIN A LICENSED CENTRE**

*(Complete this section if you are considering this option)*

*Child care centres are non-residential facilities licensed to serve children of varying ages in a group setting. Provincial licensing ensures minimum standards of care. Centre-based care is offered through public organizations, and through private for-profit or non-profit agencies.*

**PROGRAM TYPE ACCORDING TO CHILD'S AGE**

*Indicate all of the programs you are applying for and the date you want child care to start in each program.*

Infant (0 – 18 months) <input type="checkbox"/> Start Date: _____ dd/mm/yyyy	Toddler (18 months – 2.5 years) <input type="checkbox"/> Start Date: _____ dd/mm/yyyy
Preschool (2.5 – 5 years) <input type="checkbox"/> Start Date: _____ dd/mm/yyyy	JK (4 years) <input type="checkbox"/> Start Date: _____ dd/mm/yyyy
SK (5 years) <input type="checkbox"/> Start Date: _____ dd/mm/yyyy	School Age (6 – 12 years) <input type="checkbox"/> Start Date: _____ dd/mm/yyyy
Summer Camp (5 – 12 years) <input type="checkbox"/> Start Date: _____ dd/mm/yyyy	

**SPECIFY CHILD CARE CENTRES** *(in order of priority for statistical purposes only)* (see Appendix B)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_  
7. \_\_\_\_\_ 8. \_\_\_\_\_ 9. \_\_\_\_\_

**PERMISSION TO SHARE INFORMATION WITH OTHER CENTRES IN THE CHOSEN CITY WARD(S): YES**

*By agreeing, Child Care Information will have permission to share your information with other centres located in the same City ward(s) as the centres you have chosen, upon their request only. Reports by City ward will be used to help fill empty spaces, to plan for program /capacity expansion and to assist new centres.*

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***Please indicate the anticipated/selected school or schools for your child.***

**Mandatory information if Kindergarten and/or School Age program(s) are included in your selection.** Please note that your options can include independent/private schools. For more information related to your child's education, please call individual school boards for public schools and/or the Ministry of Education for independent/private schools.

Ottawa-Carleton Catholic School Board (613) 224-2222; Ottawa-Carleton District School Board (613)721-1820; Conseil des écoles catholiques de langue française du Centre-est (613) 744-2555; Conseil des écoles publiques de l'est de l'Ontario (613) 742-8960 ; Ministry of Education (800) 387- 5514

School Choice: \_\_\_\_\_

School Choice: \_\_\_\_\_

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Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CHILD INFORMATION (2)**  
*(Complete for each child requiring care)*

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Expected/Actual Date of Birth: \_\_\_\_\_  
dd/mm/yyyy

Gender: Male  Female  Unknown

Child Diagnosed with Special Needs: Yes

*As defined in the Ontario Day Nurseries Act, a child with special needs is a child with a physical, mental or developmental impairment that is likely to continue for a prolonged period of time as verified by objective psychological or medical findings. If your child's special needs meet the above criteria, Children's Integration Support Services can be of assistance. For more information, call (613) 736-1913 ext. 231.*

**SELECT HOURS**

Full-Time Service:

*For younger children, full-time service usually represents five full days a week of care. Typical operating hours are 7:30 - 5:30 and 7:00 - 6:00 within the suburban & rural areas. For children attending school, full-time service represents before AND after school care.*

Part-Time Service  Monday am  pm  Tuesday am  pm  Wednesday am  pm   
Thursday am  pm  Friday am  pm

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Irregular Hours (Indicate hours of care required beside each day)

Monday From \_\_\_\_\_ To \_\_\_\_\_ Tuesday From \_\_\_\_\_ To \_\_\_\_\_  
Wednesday From \_\_\_\_\_ To \_\_\_\_\_ Thursday From \_\_\_\_\_ To \_\_\_\_\_  
Friday From \_\_\_\_\_ To \_\_\_\_\_ Saturday From \_\_\_\_\_ To \_\_\_\_\_  
Sunday From \_\_\_\_\_ To \_\_\_\_\_ Shift Work Schedule/On Call

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**PARENT(S)/ GUARDIAN(S) INTERESTED IN A SPACE WITHIN A LICENSED HOME CHILD CARE AGENCY**

*(Complete this section if you are considering this option)*

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Date Child Care Required to Start: \_\_\_\_\_ dd/mm/yyyy Municipal Ward Number(s): \_\_\_\_\_  
(Please refer to the "Neighbourhoods by Wards" document)

*For home child care, the following information is helpful to better assist families.*

Transportation OC Transpo  Vehicle  On Foot  All  Other

Preferred Pet-Free Home: Yes

**SPECIFY HOME CHILD CARE AGENCIES (in order of priority for statistical purposes only) (see Appendix A)**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

PERMISSION TO SHARE INFORMATION WITH OTHER AGENCIES IN THE CHOSEN CITY WARD(S): YES

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**CHILD INFORMATION (2) (con't)**

**PARENT(S)/ GUARDIAN(S) INTERESTED IN A SPACE WITHIN A LICENSED CENTRE**

*(Complete this section if you are considering this option)*

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**PROGRAM TYPE ACCORDING TO CHILD'S AGE**

*Indicate all of the programs you are applying for and the date you want child care to start in each program.*

Infant (0 – 18 months) <input type="checkbox"/> Start Date: _____ dd/mm/yyyy	Toddler (18 months – 2.5 years) <input type="checkbox"/> Start Date: _____ dd/mm/yyyy
Preschool (2.5 – 5 years) <input type="checkbox"/> Start Date: _____ dd/mm/yyyy	JK (4 years) <input type="checkbox"/> Start Date: _____ dd/mm/yyyy
SK (5 years) <input type="checkbox"/> Start Date: _____ dd/mm/yyyy	School Age (6 – 12 years) <input type="checkbox"/> Start Date: _____ dd/mm/yyyy
Summer Camp (5 – 12 years) <input type="checkbox"/> Start Date: _____ dd/mm/yyyy	

**SPECIFY CHILD CARE CENTRES *(in order of priority for statistical purposes only)* (see Appendix B)**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_  
7. \_\_\_\_\_ 8. \_\_\_\_\_ 9. \_\_\_\_\_

**PERMISSION TO SHARE INFORMATION WITH OTHER CENTRES IN THE CHOSEN CITY WARD(S): YES**

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School Choice: \_\_\_\_\_

School Choice: \_\_\_\_\_

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Comments: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

**CHILD INFORMATION (3)**  
*(Complete for each child requiring care)*

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Expected/Actual Date of Birth: \_\_\_\_\_  
dd/mm/yyyy

Gender: Male  Female  Unknown

Child Diagnosed with Special Needs: Yes

*As defined in the Ontario Day Nurseries Act, a child with special needs is a child with a physical, mental or developmental impairment that is likely to continue for a prolonged period of time as verified by objective psychological or medical findings. If your child's special needs meet the above criteria, Children's Integration Support Services can be of assistance. For more information, call (613) 736-1913 ext. 231.*

**SELECT HOURS**

Full-Time Service:

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Irregular Hours (Indicate hours of care required beside each day)

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Wednesday From \_\_\_\_\_ To \_\_\_\_\_ Thursday From \_\_\_\_\_ To \_\_\_\_\_  
Friday From \_\_\_\_\_ To \_\_\_\_\_ Saturday From \_\_\_\_\_ To \_\_\_\_\_  
Sunday From \_\_\_\_\_ To \_\_\_\_\_ Shift Work Schedule/On Call

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**PARENT(S)/ GUARDIAN(S) INTERESTED IN A SPACE WITHIN A LICENSED HOME CHILD CARE AGENCY**

*(Complete this section if you are considering this option)*

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Date Child Care Required to Start: \_\_\_\_\_ dd/mm/yyyy Municipal Ward Number(s): \_\_\_\_\_  
(Please refer to the "Neighbourhoods by Wards" document)

*For home child care, the following information is helpful to better assist families.*

Transportation OC Transpo  Vehicle  On Foot  All  Other

Preferred Pet-Free Home: Yes

**SPECIFY HOME CHILD CARE AGENCIES (in order of priority for statistical purposes only) (see Appendix A)**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

PERMISSION TO SHARE INFORMATION WITH OTHER AGENCIES IN THE CHOSEN CITY WARD(S): YES

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**CHILD INFORMATION (3) (con't)**

**PARENT(S)/ GUARDIAN(S) INTERESTED IN A SPACE WITHIN A LICENSED CENTRE**

*(Complete this section if you are considering this option)*

*Child care centres are non-residential facilities licensed to serve children of varying ages in a group setting. Provincial licensing ensures minimum standards of care. Centre-based care is offered through public organizations, and through private for-profit or non-profit agencies.*

**PROGRAM TYPE ACCORDING TO CHILD'S AGE**

*Indicate all of the programs you are applying for and the date you want child care to start in each program.*

Infant (0 – 18 months) <input type="checkbox"/> Start Date: _____ dd/mm/yyyy	Toddler (18 months – 2.5 years) <input type="checkbox"/> Start Date: _____ dd/mm/yyyy
Preschool (2.5 – 5 years) <input type="checkbox"/> Start Date: _____ dd/mm/yyyy	JK (4 years) <input type="checkbox"/> Start Date: _____ dd/mm/yyyy
SK (5 years) <input type="checkbox"/> Start Date: _____ dd/mm/yyyy	School Age (6 – 12 years) <input type="checkbox"/> Start Date: _____ dd/mm/yyyy
Summer Camp (5 – 12 years) <input type="checkbox"/> Start Date: _____ dd/mm/yyyy	

**SPECIFY CHILD CARE CENTRES *(in order of priority for statistical purposes only)* (see Appendix B)**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_  
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**PERMISSION TO SHARE INFORMATION WITH OTHER CENTRES IN THE CHOSEN CITY WARD(S): YES**

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School Choice: \_\_\_\_\_

School Choice: \_\_\_\_\_

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Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CHILD INFORMATION (4)**  
*(Complete for each child requiring care)*

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Expected/Actual Date of Birth: \_\_\_\_\_  
dd/mm/yyyy

Gender: Male  Female  Unknown

Child Diagnosed with Special Needs: Yes

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**SELECT HOURS**

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Friday From \_\_\_\_\_ To \_\_\_\_\_ Saturday From \_\_\_\_\_ To \_\_\_\_\_  
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**PARENT(S)/ GUARDIAN(S) INTERESTED IN A SPACE WITHIN A LICENSED HOME CHILD CARE AGENCY**

*(Complete this section if you are considering this option)*

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Date Child Care Required to Start: \_\_\_\_\_ dd/mm/yyyy Municipal Ward Number(s): \_\_\_\_\_  
(Please refer to the "Neighbourhoods by Wards" document)

*For home child care, the following information is helpful to better assist families.*

Transportation OC Transpo  Vehicle  On Foot  All  Other

Preferred Pet-Free Home: Yes

**SPECIFY HOME CHILD CARE AGENCIES (in order of priority for statistical purposes only) (see Appendix A)**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

PERMISSION TO SHARE INFORMATION WITH OTHER AGENCIES IN THE CHOSEN CITY WARD(S): YES

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**CHILD INFORMATION (4) (con't)**

**PARENT(S)/ GUARDIAN(S) INTERESTED IN A SPACE WITHIN A LICENSED CENTRE**

*(Complete this section if you are considering this option)*

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**PROGRAM TYPE ACCORDING TO CHILD'S AGE**

*Indicate all of the programs you are applying for and the date you want child care to start in each program.*

Infant (0 – 18 months) <input type="checkbox"/> Start Date: _____ dd/mm/yyyy	Toddler (18 months – 2.5 years) <input type="checkbox"/> Start Date: _____ dd/mm/yyyy
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SK (5 years) <input type="checkbox"/> Start Date: _____ dd/mm/yyyy	School Age (6 – 12 years) <input type="checkbox"/> Start Date: _____ dd/mm/yyyy
Summer Camp (5 – 12 years) <input type="checkbox"/> Start Date: _____ dd/mm/yyyy	

**SPECIFY CHILD CARE CENTRES *(in order of priority for statistical purposes only)* (see Appendix B)**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_  
7. \_\_\_\_\_ 8. \_\_\_\_\_ 9. \_\_\_\_\_

**PERMISSION TO SHARE INFORMATION WITH OTHER CENTRES IN THE CHOSEN CITY WARD(S): YES**

*By agreeing, Child Care Information will have permission to share your information with other centres located in the same City ward(s) as the centres you have chosen, upon their request only. Reports by City ward will be used to help fill empty spaces, to plan for program /capacity expansion and to assist new centres.*

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***Please indicate the anticipated/selected school or schools for your child.***

**Mandatory information if Kindergarten and/or School Age program(s) are included in your selection.** Please note that your options can include independent/private schools. For more information related to your child's education, please call individual school boards for public schools and/or the Ministry of Education for independent/private schools.

Ottawa-Carleton Catholic School Board (613) 224-2222; Ottawa-Carleton District School Board (613)721-1820; Conseil des écoles catholiques de langue française du Centre-est (613) 744-2555; Conseil des écoles publiques de l'est de l'Ontario (613) 742-8960 ; Ministry of Education (800) 387- 5514

School Choice: \_\_\_\_\_

School Choice: \_\_\_\_\_

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Comments: \_\_\_\_\_

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**CHILD INFORMATION (5)**  
*(Complete for each child requiring care)*

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Expected/Actual Date of Birth: \_\_\_\_\_  
dd/mm/yyyy

Gender: Male  Female  Unknown

Child Diagnosed with Special Needs: Yes

*As defined in the Ontario Day Nurseries Act, a child with special needs is a child with a physical, mental or developmental impairment that is likely to continue for a prolonged period of time as verified by objective psychological or medical findings. If your child's special needs meet the above criteria, Children's Integration Support Services can be of assistance. For more information, call (613) 736-1913 ext. 231.*

**SELECT HOURS**

Full-Time Service:

*For younger children, full-time service usually represents five full days a week of care. Typical operating hours are 7:30 - 5:30 and 7:00 - 6:00 within the suburban & rural areas. For children attending school, full-time service represents before AND after school care.*

Part-Time Service  Monday am  pm  Tuesday am  pm  Wednesday am  pm   
Thursday am  pm  Friday am  pm

*For younger children, part-time child care usually represents a few full days of care a week required on a regular basis. Limited child care services provide half-day child care required on a regular basis. For children attending school, part-time child care EITHER represents before and after school A FEW DAYS A WEEK or the option of before OR after school care on a regular basis.*

Irregular Hours (Indicate hours of care required beside each day)

Monday From \_\_\_\_\_ To \_\_\_\_\_ Tuesday From \_\_\_\_\_ To \_\_\_\_\_  
Wednesday From \_\_\_\_\_ To \_\_\_\_\_ Thursday From \_\_\_\_\_ To \_\_\_\_\_  
Friday From \_\_\_\_\_ To \_\_\_\_\_ Saturday From \_\_\_\_\_ To \_\_\_\_\_  
Sunday From \_\_\_\_\_ To \_\_\_\_\_ Shift Work Schedule/On Call

*Irregular service would include: extended hours (additional hours of child care outside of the ordinary hours of service), respite care within typical operating hours (7:30 – 5:30), weeknight/weekend care, shift work schedules, etc. Please note that home child care tends to have more room for flexibility than child care centres, depending on a provider's availability.*

**PARENT(S)/ GUARDIAN(S) INTERESTED IN A SPACE WITHIN A LICENSED HOME CHILD CARE AGENCY**

*(Complete this section if you are considering this option)*

*Licensed Home Child Care agencies serve families through the provision of monitored, flexible child care arrangements in the homes of providers. Agencies ensure that all providers meet the requirements of provincial legislation as well as local fire, safety and health requirements. Care is offered to children from infancy through to 12 years of age.*

Date Child Care Required to Start: \_\_\_\_\_ dd/mm/yyyy Municipal Ward Number(s): \_\_\_\_\_  
(Please refer to the "Neighbourhoods by Wards" document)

*For home child care, the following information is helpful to better assist families.*

Transportation OC Transpo  Vehicle  On Foot  All  Other

Preferred Pet-Free Home: Yes

**SPECIFY HOME CHILD CARE AGENCIES (in order of priority for statistical purposes only) (see Appendix A)**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

PERMISSION TO SHARE INFORMATION WITH OTHER AGENCIES IN THE CHOSEN CITY WARD(S): YES

*By agreeing, Child Care Information will have permission to share your information with other home child care agencies in the same City ward(s) as the agencies you have chosen, upon their request only. Reports by City ward will be used to help fill empty spaces, to plan for program /capacity expansion and to assist new home child care agencies.*

**CHILD INFORMATION (5) (con't)**

**PARENT(S)/ GUARDIAN(S) INTERESTED IN A SPACE WITHIN A LICENSED CENTRE**

*(Complete this section if you are considering this option)*

*Child care centres are non-residential facilities licensed to serve children of varying ages in a group setting. Provincial licensing ensures minimum standards of care. Centre-based care is offered through public organizations, and through private for-profit or non-profit agencies.*

**PROGRAM TYPE ACCORDING TO CHILD'S AGE**

*Indicate all of the programs you are applying for and the date you want child care to start in each program.*

Infant (0 – 18 months) <input type="checkbox"/> Start Date: _____ dd/mm/yyyy	Toddler (18 months – 2.5 years) <input type="checkbox"/> Start Date: _____ dd/mm/yyyy
Preschool (2.5 – 5 years) <input type="checkbox"/> Start Date: _____ dd/mm/yyyy	JK (4 years) <input type="checkbox"/> Start Date: _____ dd/mm/yyyy
SK (5 years) <input type="checkbox"/> Start Date: _____ dd/mm/yyyy	School Age (6 – 12 years) <input type="checkbox"/> Start Date: _____ dd/mm/yyyy
Summer Camp (5 – 12 years) <input type="checkbox"/> Start Date: _____ dd/mm/yyyy	

**SPECIFY CHILD CARE CENTRES *(in order of priority for statistical purposes only)* (see Appendix B)**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_  
7. \_\_\_\_\_ 8. \_\_\_\_\_ 9. \_\_\_\_\_

**PERMISSION TO SHARE INFORMATION WITH OTHER CENTRES IN THE CHOSEN CITY WARD(S): YES**

*By agreeing, Child Care Information will have permission to share your information with other centres located in the same City ward(s) as the centres you have chosen, upon their request only. Reports by City ward will be used to help fill empty spaces, to plan for program /capacity expansion and to assist new centres.*

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***Please indicate the anticipated/selected school or schools for your child.***

**Mandatory information if Kindergarten and/or School Age program(s) are included in your selection.** Please note that your options can include independent/private schools. For more information related to your child's education, please call individual school boards for public schools and/or the Ministry of Education for independent/private schools.

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School Choice: \_\_\_\_\_

School Choice: \_\_\_\_\_

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Comments: \_\_\_\_\_

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