



# GSSCD - Waiting List Form

## Child's Information

<b>Child's First Name:</b>		<b>Child's Last Name:</b>	
<b>Submission Date:</b>	<b>Child's Date of Birth and age:</b>	<b>Desired Start Date:</b>	<b>Gender/Pronoun:</b>

Medical needs, food allergies, child's personality, physical needs, abilities, interests, languages spoken at home:

## Main Parent's/Guardian's Point of Contact Information

<b>First Name:</b>	<b>Last Name:</b>
<b>Relation to Child/Pronoun:</b>	<b>E-mail:</b>
<b>Home Address:</b>	<b>Main Phone Number:</b>

Is your child currently enrolled at Givins/Shaw Jr Public School?  Yes  No

Does your family reside within district?  Yes  No



Do you have another child enrolled at Givins/Shaw School Community Daycare?  Yes  No

*\*Siblings have priority on the Waiting List.*

Have you applied or will you apply Child Care Fees Subsidy?  Yes  No

## Desired Program

**Preschool Program 2.5-4 years:**  5 days per week: Monday to Friday 7:30AM-6:00PM

**JK/SK Before & Aftercare Program:**  5 days per week: Monday to Friday 7:30-8:35AM & 3:00-6:00PM

**School age Before & Aftercare Program**  5 days per week: Monday to Friday: 7:30-8:35AM & 3:00-6:00PM

Please note: Completion of this form does not guarantee enrollment by the desired start date.  
Thank you for your interest in Givins/ Shaw School Community Daycare.