YMCA of
Owen Sound Grey Bruce
Child Care

Wait List Application

PROGRAM CHOICE ☐ Hanover YMCA Early Learning Child Care
☐ Hanover School Age Program: ☐ Dawnview ☐ Hanover Heights ☐ Holy Family

☐ Owen Sound Early Learning Child Care
☐ Owen Sound School Age Program: ☐ Alexandra ☐ East Ridge ☐ Hillcrest ☐ Hepworth ☐ Keppel-Sarawak

If you selected a School Age Program, is it different than the school you have selected? ☐ YES ☐ NO

If YES, what is your child's Home School? _____

SCHEDULE & NEEDS

When do you require care for your child? Year: _____ Month: _____

Schedule Type: ☐ **Full Time** ☐ **Part Time:** ☐ AM ☐ PM ☐ Specific Hours Needed:_____
☐ M ☐ T ☐ W ☐ T ☐ F

Does your child have special needs, if so, please describe: _____

_____

PARENT & CHILD INFORMATION

Child First Name: _____ Last Name: _____ DOB/Delivery Date: _____
Year/Month/Day

Home Address: _____
Street Apt # City Postal Code

Parent/Caregiver #1 First Name: _____ Last Name: _____

Email: _____ Work #: _____ Home/Cell#: _____

Parent/Caregiver #2 First Name: _____ Last Name: _____

Email: _____ Work #: _____ Home/Cell#: _____

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:

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

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

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

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

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.

Signature: _____ **Date:** _____

FOR ADMIN USE ONLY: **Date Received:** _____ **Program:** _____