## Oppekehawaso Wekamik

Phone: 705-268-6111 Fax: 705-268-5329 179 Kirby Ave., Timmins, ON P4N 1K1


# WAITLIST FORM

| **Date:** | |
|---|---|

**Child's Information**

| **Name:** | **Date of Birth:** Month / Day / Year |
|---|---|
| **Anticipated Start Date:** | |

**Type of Care Required:**

- ☐ Half Days
- ☐ Full Days
- ☐ School-Age Before and/or After School
- ☐ School-Age Full day
- ☐ Part time (2-3 days per week)
- ☐ Full time (4-5 days per week)

**Anticipated Schedule:**

- ☐ Monday from _____ to _____
- ☐ Tuesday from _____ to _____
- ☐ Wednesday from _____ to _____
- ☐ Thursday from _____ to _____
- ☐ Friday from _____ to _____

*Please indicate all that apply:*

- ○ Child has previously attended Oppekehawaso Wekamik
- ○ Child/family identifies as Indigenous
- ○ Family has a referral from Ontario Works or CDSSAB subsidy program (copy must be attached)
- ○ Child has referral from a children and family service agency (copy must be attached)
- ○ Parent(s)/Guardian(s) are attending school

**Parent/Guardian Information**

| **Name:** | **Relationship:** |
|---|---|
| **Phone Number:** ( ) | **Alternative Phone Number**: ( ) |
| **Email:** | |
| **Name:** | **Relationship:** |
| **Phone Number:** ( ) | **Alternative Phone Number:** ( ) |
| **Email:** | |

**Additional Information, Questions or Comments:**