***Wellington Early Learning Centre’s***

**School Age Summer Waitlist Application Form**

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| Child’s Name: | Child’s Birth Date: |

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| Parent’s Name: | Phone Number: |
| Email: | Date Application Submitted: |

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| Address: |
| City: | Postal Code: |

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| **Grade child is entering in September?** | **Weeks that care is required: (Please note that registration is based on full weeks only, please check all weeks needed)** July 3-7. July 10-14 July 17 – 21 July 24 – 28 July 31 – Aug 4. Aug 7 – 11. Aug 14 - 18 |

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| Do you currently have another child and/or sibling enrolled at the centre? Yes No |
| Has your child attended our summer program, or any other program previously? Yes. NoIf yes, which program and when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Will you be seeking fee assistance through subsidy? Yes No Unsure  |
| Is your child receiving or will require support? Behaviour Developmental Delays Medical  |