|  |  |  |
| --- | --- | --- |
| Date: DD / MM / YY |  Birth date: DD / MM / YY | Gender: M / F / Non-binary |
| Name of Child:  |  |  |
|  Last Name  |  First Name | Also known As |
| Address:  | City: | Postal Code: |
| Your Child’s Nation(Band): |
| Family/Guardian #1 | Family/Guardian #2 |
| Name: | Name: |
| Email Address: | Email Address: |
| Phone#: | Phone#: |
| Cell#: | Cell#: |
| Work#: | Work#: |

|  |  |
| --- | --- |
| Preferred Start Date: DD / MM / YY | Childs Age at Application: |
| Full Time (5 Days/W) \_\_\_\_\_ | Part Time (3 Days/W) \_\_\_\_\_\_ | Part Time (2 Days/W) \_\_\_\_\_\_ |

|  |  |
| --- | --- |
| Does your child require any extra supports? Yes / No |  |
| If yes, describe: |
| How did you hear about our program? (Have you had a family member in our program?) |
| Has the child previously attended daycare / preschool? Yes / NoIf yes, describe: |

## Date: dd / mm / YY .

Registering Care giver’s Full Name / Signature

## Date: dd / mm / YY .

AMCS Witness Full Name / Signature