|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 / No  If yes, describe: | |

## Date: dd / mm / YY .

Registering Care giver’s Full Name / Signature

## Date: dd / mm / YY .

AMCS Witness Full Name / Signature