



Instructions

How to apply for Directly Operated Child Care at a DSSAB operated Child Care Centre or with the Licensed Home Child Care program

To apply, please download and complete the INTAKE FORM and submit by email to your preferred child care location(s) at:

Parry Sound - Waubeek Early Learning & Child Care Centre

Email: waubeek@psdssab.org

[Website Link](#)

South River - First Steps Early Learning & Child Care Centre

Email: firststeps@psdssab.org

[Website Link](#)

Emsdale – Highlands Early Learning & Child Care Centre

Email: highlands@psdssab.org

[Website Link](#)

Powassan – Fairview Early Learning & Child Care Centre

Email: fairview@psdssab.org

[Website Link](#)

Licensed Home Child Care Program

Email: hccp@psdssab.org

[Website Link](#)

School Age Programs

Email: sap@psdssab.org

[Website Link](#)

Applicants will be contacted by the program to confirm receipt of the application and that the child has been added to the waitlist and/or request further enrollment information.

CHILDREN'S SERVICES INTAKE FORM

Appendix-C1



IMPORTANT: Complete form, save it, and email the completed form to your preferred child care centre (see page 1). This form is not automatically submitted.

Parent/Legal Guardian Contact Information: Contacted by: Phone In Person Email

Date:		Requested Date of Care:		Current Age of Child:	
Applicant's Legal Name:			Applicant's Common Name:		
Home #:		Cell #:		Best # to reach you: Home: <input type="checkbox"/> Cell: <input type="checkbox"/>	
Email Address:			Mailing Address:		
Work Place:			Educational Program:		
OW/ODSP: <input type="checkbox"/>	Single Parent: <input type="checkbox"/>	Two Parents: <input type="checkbox"/>	Referral (special needs): <input type="checkbox"/>	Socialization: <input type="checkbox"/>	
Is there a formal parental agreement in place? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/> <i>If yes, please provide a copy.</i>					

Child's Information:

Name:		Date of Birth:	
Age Group: Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/>			
Requested Days & Hours of Care: _____ to _____		Mon: <input type="checkbox"/> Tues: <input type="checkbox"/> Wed: <input type="checkbox"/> Thurs: <input type="checkbox"/> Fri: <input type="checkbox"/>	
Scheduled Care: <input type="checkbox"/> Schedule received?: Weekly: <input type="checkbox"/> Bi-Weekly: <input type="checkbox"/> Monthly: <input type="checkbox"/> Other: <input type="checkbox"/>			
If other, please explain: _____			
Are there any concerns with allergies or any other considerations? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please explain: _____			
Is your child connected to any of the following supports? <input type="checkbox"/> One Kids Place (Speech/Language, Occupational/Physical Therapy) <input type="checkbox"/> HANDS (Infant Development, Great Beginnings, OAP, etc.) <input type="checkbox"/> Children's Aid Society (CAS)			<input type="checkbox"/> EarlyON Child & Family Centre <input type="checkbox"/> Inclusion Support Services (ISS) <input type="checkbox"/> Other: _____

Sibling Information:

Name:		Date of Birth:	
Program: Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/>			
Name:		Date of Birth:	
Program: Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/>			

Referral Information:

Child Care Fee Subsidy: 705-746-7777 ext. 5277 Referred: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Referred to another child care program: Yes <input type="checkbox"/> No <input type="checkbox"/> Shared intake with: HCCP <input type="checkbox"/> ELCCC <input type="checkbox"/> _____	

Notes:

(Revised March 2021)