



# Grey County Children's Services Emergency Child Care Application to Waitlist

Date:

**Applicant Name:**  
**Applicant Address:**  
**Applicant Phone #:**  
**Applicant Email:**

	Name	Date of Birth
<b>Applicant</b>		
<b>Applicant 2</b>		
<b>Dependent 1</b>		
<b>Dependent 2</b>		
<b>Dependent 3</b>		
<b>Dependent 4</b>		

**Eligibility Criteria for Applicant 1 & 2 (if applicable)** [Provincial Eligibility List](#)

**Employment Details:**

List your employer, job title, days, hours of work and schedule.

**Are you currently working from home (Applicant 1 & 2)?**

Did you receive Emergency Child Care in January 2021?

**Preferred Location of Child Care Program :**

Please return this form along with verification of employment (pay stub) to [childcarefeesubsidy@grey.ca](mailto:childcarefeesubsidy@grey.ca)

***Note: Completion of this form does not guarantee approval of placement. A Financial Assessment Worker will be in contact with you.***