



FREQUENTLY ASKED QUESTIONS

1094 Wellington Street, Halifax, NS B3H 2Z9
Phone: 494-6888 Fax: 494-7022 Email: pgh@dal.ca

What are the hours of operation?

We operate from Mon - Fri 8am - 5:30pm.

Do you offer part-time care?

We do not offer part-time care except for Afterschool room children. When your child is in the Afterschool Program you can register for one of three options: Morning/Lunch/Afterschool OR Lunch/Afterschool OR Morning/Afterschool.

How long do I have to wait to get a child care space?

The length of the waiting time is different for each age group. The longest waitlist times are for children under 3 years old. Waitlist times can be one year or longer. It is very difficult for us to predict when a space might become available for you. Due to the large waitlist, we ask that you contact us immediately if you no longer wish to remain on the list.

When a spot comes available, how is it decided who is offered it?

1. Spot comes available
2. Check if any existing children are ready to move up into the next classroom.
3. Earliest applicant that lives in the building
4. Earliest applicant that is a staff member
5. Earliest applicant that has siblings already in the Center
6. Earliest applicant on general waitlist

How much notice will I be given when a space becomes available?

We attempt to give you a minimum of one month's notice. When we make a space offer, you will have 24 hours to respond. If we do not hear from you within 24 hours, we will move to the next child on the waitlist. It is important for you to inform us of any changes in your contact information.

What happens if my child becomes too old to go into the classroom I applied for?

We automatically transfer the application into the appropriate classroom waitlist. Your priority on that waitlist is based on your application date. You do not go to the bottom of the list.

Should I call to check on my application status?

Please feel free to contact us; however, we email periodically to verify if you are still interested or if any information has changed. We find this helps keep our waitlists streamlined.

What happens if school is closed?

We operate under the Inglis Street Elementary Street School calendar. We automatically run full days when there are scheduled closures for that school. If your child does not attend that school and requires care during school closures, contact the Children's Center Office at 494-1747 to see if we have space available for that day.

What happens in the event of a snow storm?

Contact the Children's Center Office at 494-1747 as all closures will be on the recording. We try to advertise it on the radio and post notices on the doors as well. You will be contacted if it is a midday closure.



CHILD CARE WAITLIST APPLICATION

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CHILD _____ **DATE OF BIRTH (DOB)** _____ / ____ / ____
 First Name Last Name (or expected date) month/day/year Sex

PARENT/GUARDIAN #1 _____
 First Name Last Name Relation to Child

PARENT/GUARDIAN #2 _____
 First Name Last Name Relation to Child

ADDRESS OF CHILD _____
 Street Number & Name City, Province & Postal Code

PHONE _____
 Home Birthplace Child
 Work Birthplace Parent #1
 Cell Birthplace Parent #2

EMAIL ADDRESS #1 _____

EMAIL ADDRESS #2 _____

DOCTORS NAME: _____ **PHONE:** _____

DOCTORS ADDRESS: _____

PREFERRED START DATE _____ / ____ / ____
 month/day/year

OFFICE USE ONLY
APP FEE \$5.00 _____
Date and Initial

Note: Your child will automatically be moved to the waitlist for the next age group as he/she ages

ANOTHER CHILD ON WAITLIST _____ IF YES, NAMES & DOB: _____

CHILD ALREADY IN THE CENTER _____ IF YES, CLASSROOM: _____

CHILD'S SPECIAL NEEDS/ALLERGIES _____ IF YES, SPECIFY: _____

PREVIOUS CHILDCARE _____ IF YES, CENTER: _____

APPLIED TO PETER GREEN HALL HOUSING _____ IF YES, DATE REQUESTED: _____

DO YOU REQUIRE GOVERNMENT SUBSIDY _____

IF YES, YOU SHOULD CONTACT THE SUBSIDY PROGRAM AT THE DEPT OF COMMUNITY SERVICES (424-2084) TO BE PLACED ON THE PORTABLE SUBSIDY WAITLIST.

PLEASE BE ADVISED THAT IT IS YOUR RESPONSIBILITY TO NOTIFY US OF ANY CHANGES TO YOUR APPLICATION. YOU WILL BE REMOVED FROM THE WAITLIST IF WE ARE UNABLE TO CONTACT YOU USING THE ABOVE CONTACT INFORMATION.

SIGNATURE _____ **DATE** _____

YOU CAN EMAIL THE FILLED APPLICATION TO contact@pghcc.org AND PAY THE APP FEE IN PERSON