



**Mississaugas of the Credit First Nation (MCFN) Ekwaamjigenang Children's Centre
Enrollment and Waiting List Eligibility Criteria, Procedure and Application Form**

The Waiting List Application form is available at the MCFN Child Care office or on the MCFN website.

Priority may be given to Mississaugas of the Credit First Nation (MCFN) Guardians or Children, if ordered by a Court, Family and Children's Services Agency, or supporting documentation from another outside agency requesting that a child be placed in a child care setting.

	Requirements:	Parents are:
A	<p>Child has MCFN Status or is eligible for MCFN Status. Must complete a Waiting List Application Form, eligibility for status verified by Lands Membership Research (LMR) Department.</p>	Working, in training, enrolled with an Educational Institute (must provide proof) or be on maternity/paternity leave.
B	<p>Child has MCFN Status or is eligible for MCFN Status. Must complete a Waiting List Application Form, eligibility for status verified by LMR Department.</p>	Not working, must be actively seeking employment.
C	<p>One parent is a MCFN Band Member must provide proof of status. Must complete a Waiting List Application Form</p>	Working, in training, enrolled with an Educational Institute (must provide proof) or be on maternity/paternity leave.
D	<p>One parent is a MCFN Band Member Must complete a Waiting List Application Form</p>	Not working, must be actively seeking employment.
E	<p>MCFN Staff Member Must complete a Waiting List Application Form *Enrollment is contractual.</p>	Applicant must be employed as an MCFN permanent staff.
F	<p>Other First Nation Children Must provide proof of child's status. Must complete a Waiting List Application Form. *Enrollment is contractual.</p>	Working, in training, enrolled with an educational institute or on maternity leave (must provide proof).
G	<p>Other First Nation Parents (children do not have status) Must provide proof of parent's status. Must complete a Waiting List Application Form. *Enrollment is contractual</p>	Working, in training, enrolled with an educational institute or on maternity leave.
H	<p>Other First Nation Children Must complete a Waiting List Application Form. *Enrollment is contractual</p>	Not working



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All *Waiting List Application Forms* submitted will be date and time stamped and initialed by the applicant and MCFN child care Supervisor or Assistant Supervisor. Children are placed on the waiting list first by the priority letter and then by the date and/or time of the completed forms received by the MCFN Child Care Centre.

****Children enrolled under priority E-H are enrolled on a contractual basis. Should there be a priority A-D who submits a *Waiting List Application Form* for a space taken by a priority E-H then a two week notice is given as per contractual agreement for termination.**

When a child is next on the list, the family will be contacted. When asked, families will be notified where their child is on the current priority wait list, which may change at any time based on the priority criteria above.

If parental contact is not possible, the child's name will be removed from the MCFN child care waiting list.

Child's Name (on Birth Certificate)	Please underline common name		
Date of Birth (mm/dd/yyyy)		Date of Care required	
Name of First Nation		Status Number	
Mother / Guardian Name			
Name of First Nation		Status number	
Phone number (keep this office informed of any changes).			
Father / Guardian Name			
Name of First Nation		Status Number	
Phone number (if different from above)			
For Lands Membership Use Only		Sent to LRM on: _____	
I have verified that the: <input type="checkbox"/> child and/or <input type="checkbox"/> parent named above is a status member of the MCFN		<input type="checkbox"/> I have verified that the parent named above has submitted all required documents to begin the process of Registering their child as a MCFN Band Member or <input type="checkbox"/> the child is eligible under adoption law	
_____ Signature Lands Membership Office	_____ Date	_____ Signature Lands Membership Office	_____ Date
For Child Care Office Use Only			
Date received:	Time received:	Priority:	
_____ Parent initial	_____ Office initial	_____ Parent initial	_____ Office initial

CC Parent _____ Entered on wait list _____ entered on wait list summary _____
 Updated February 2022