

**Churchill Park Family Care Society
Parent Request for a Day Home**

Date: _____ **Date Care is Required:** _____

Community that parent needs care in: _____

Name of Parents: _____

Home Address: _____

Work/ School Address: _____

Home Phone: _____ **Work Phone:** _____

CUPW Member: YES or NO **Name of CUPW Employee:** _____

IBM EMPLOYEE YES or NO

Child's Name	Date of Birth	Sex	School

Days of week care is needed: M T W TH F SAT SUN

Hours care is required: _____ **or S/A Component: #1 #2 #3 #4**

Transportation: Vehicle/ City Transit/ Walking/ Other _____

Applying for Subsidy? YES or NO **Preschool 297-6100** **School Age 268-5152**

Allergies? _____ **Special Needs?** _____

Language Spoken at Home? _____ **Pets Okay?** _____

How did you hear about us? Ph. Bk/Word of Mth/Other Agency/Website/Calgaryarea.com

Comments: _____

Name of Provider	Ph. Number	# Given	Date	Comments
