



BABYWORKS WAIT LIST APPLICATION

1407 7 Avenue NW | T2N 0Z3 | Children 0 - 24 months

CONDITIONS – PLEASE READ CAREFULLY AND INITIAL TO SIGNIFY YOUR ACCEPTANCE OF EACH CONDITION

CONDITION	INITIAL
Adding your name to the wait list DOES NOT GUARANTEE a placement for your child	
You have been advised to add your name to wait lists at other daycares	
You will be notified if a space becomes available for your child.	

Please complete the information below sign to indicate that you accept the conditions. Please email completed form to ttesfalidet@churchillpark.ca, or fax it to 403-457-4371. Your name to be added to the waitlist upon receipt of the signed form.

Name of parent/guardian:

Home address:

Home Phone:

Business Phone:

Cell:

Preferred email address:

Alternate email address:

Name and address of company where parent/guardian is employed:

Name of child (if applicable):

Date of birth or due date of child:

Date that care is required:

Has a member of your family attended any of Churchill Park Family Care Society's centres:
(please circle one) YES NO

Which one: _____ (ie. BabyWorks, Pump-Kin Patch, PlayPenn, Bright Lights, ELCC) **OR**

Referred by: _____ How did you hear about Churchill Park: _____

I verify that the above information is correct and I agree to accept the conditions of adding my name to the Baby-Works waitlist

.....
Parent signature

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Date