



Mount View School Age and Family Care
WAIT LIST APPLICATION

2004 4 Street NE Calgary, AB | T2E 3T8 | Children 5-12 years

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

Table with 2 columns: CONDITION, INITIAL. Rows include: 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 school age programs; 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 the completed form to admin@churchillpark.ca or fax it to 403.264.5657. Your name will be added to the waitlist upon receipt of the signed form. At this time, please visit www.churchillpark.ca to schedule a tour.

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:

Date of birth of the child:

Date that care is required and the component of care required (1 am,1 pm, 2 comp or ECS):

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 Mount View School Age and Family Care waitlist

Parent signature

Date