

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

Date: \_\_\_\_\_ Date Care is Required: \_\_\_\_\_

Community that parent needs care in: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Home community: \_\_\_\_\_

Work/ School community: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

CUPW Member: YES or NO      Name of CUPW Employee: \_\_\_\_\_

Child's Name	Date of Birth	Sex	School

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

Hours care is required: \_\_\_\_\_ or S/A Component: #1 #2 #3 #4

Transportation: Vehicle/ City Transit/ Walking/ Other \_\_\_\_\_

Applying for Subsidy? YES or NO      Ph. # 1-877-644-9992 or [www.humanservices.alberta.ca](http://www.humanservices.alberta.ca)

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

**NOTE: If you make an appointment with a provider and then decide to cancel PLEASE phone either the provider or the agency to let them know.**