

**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: _____

Email address: _____

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

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.