

Churchbridge Daycare Co-operative
 Box 185
 Churchbridge SK S0A 0M0
 Phone: 306.896.2425
 Fax: 306.896.2427
 Email: churchbridgedaycarecoop@sasktel.net



WAIT LIST REQUEST FORM

Child's Information:
Child's Full Name:
Home Address:
Date of Birth:
Does your child have any allergies or limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Are there any siblings currently enrolled in our daycare? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide sibling's name(s):

Parent/Guardian 1:	Parent/Guardian 2:
Full Name:	Full Name:
Relationship to Child:	Relationship to Child:
Phone No:	Phone No:
Home Address (if different):	Home Address (if different):
Email:	Email:

Registration Information:
Desired Start Date:
Care Schedule Preference: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time If part time, days needed: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri Casual care (6 and older) <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri

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How did you hear about us?

Referral Social media Website Other: _____

Why are you interested in enrolling your child in our daycare?

Wait List Policy:

- We will contact you as soon as a space becomes available for your child. Please ensure that your contact details are up to date.
- Placement on the wait list does not guarantee a registered space.
- You will be contacted in the order your wait list deposit was received.

Signature

I understand the above wait list policy and confirm that the above information is accurate.

Parent/Guardian Signature: _____ Date: _____

Management Use Only

Place Offered: Yes No

Non-Refundable Deposit Received: Yes No

Notes:

Date Deposit Received:

Signature: _____ Date: _____