

## **New Family Information**

Child's Name:					
Childs's DOB:					
Date of Enrollment:					
Daycare Staff	Yes	No	Sibling	Yes	No
City Hall Employee	Yes	No	Dept.		

**Parent Information** 

Parent's Name:	Parent's Name:		
Parent's Contact Number:	Parent's Contact Number:		
Parent's Email:	Parent's Email:		
Occupation:	Occupation:		
Do you have skills or talents you could u	se for Parent Participation :		
	Alternate Contact		
	e that will be available when we are unable to contact parent or guardian		
Name:	e event of illness, late pick up or emergency  Name:		
Contact Number:	Contact Number:		

Please e transfer your enrollment fees to <u>cityhallchildcare@telus.net</u>	Full Month FEES Enrollment begins the  1st of the Month	½ Month FEES Enrollment begins the  15 <sup>th</sup> of the Month	Received (OFFICE)
Child Care Deposit	200.00	200.00	
First Month's Fees	200.00	100.00	
Emergency Supplies Fee	30.00	30.00	
Access Fob Package	60.00	60.00	
TOTAL	490.00	390.00	

DATE	 	 	
RCVD BY:_			