



City Hall Child Care Society

A NON-PROFIT CENTRE FOR EARLY LEARNING & DEVELOPMENT

NEW FAMILY INFORMATION		YES/NO
Child's Name:	CHCCS Employee	
Child's Date of Birth:	COV Employee	
Date of Enrollment:	SIBLING	

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 that you could utilize toward Parent Participation Commitment	

Alternate Contact	
Alternate contact may be called in the event of illness, emergency or late pick up. These individuals must be listed on your Registration Form and will be contacted when we are unable to contact parent or guardian.	
Name:	Name:
Contact Number:	Contact Number:

Please e transfer your enrollment fees to cityhallchildcare@telus.net	Enrollment begins the 1 st of the Month	Enrollment begins the 15 th of the Month	DATE Received (OFFICE)
Child Care Deposit (200.00)			
First Month's Fees (200.00 or 100.00)			
Emergency Supplies Fee (25.00 Non Refundable)			
Access Fob Package (60.00 Non Refundable)			

DATE _____

RCVD BY: _____