

PRE-ENROLLMENT APPLICATION

CITY HALL EMPLOYEE	YES		No		Dept		
DATE of APPLICATION	Expect	Expected Due Date or Date of		of Birth	Name of Child or TBD		
Name of Parent / Guardian			Nam	Name of Parent / Guardian			
Email Address			Emai	il Address			
Home Phone			Hom	Home Phone			
Work Phone			Worl	k Phone			
Cell Phone			Cell	Phone			

If your child has extra support needs and/or you are currently consulting with IDP please contact

Centre for Ability 604-451-5511 to discuss childcare options with a consultant

Please review enrollment information on our website prior to emailing one application per child to chccs.waitlist@outlook.com
An automated email response will verify CHCCS's receipt of this pre enrollment application.

RECEIPT of this application does not guarantee enrollment at CHCCS.

Enrollment intake generally occurs late summer & early fall. We will contact eligible families as spaces become available.

City Hall Child Care Society is interested in collecting information regarding age preference for childcare from families.

Your response does not impact when you would be called for a space.

Please check the arrangement that best describes the age you would ideally like to enroll your child

This information is for internal purposes only.

	I would like to enroll my child prior to 10 months old
	I would like to enroll my child prior to 12 months old
	I would like to enroll my child prior to 16 months old
	I would like to enroll my child prior to 18 months old
	I would like to enroll my child prior to 2 years old
Other?	
Please describe	