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**PRE-ENROLLMENT APPLCATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| CITY HALL EMPLOYEE | YES |  | No |  | Dept |  |
| **DATE of APPLICATION** | **Expected Due Date or Date of Birth** | **Name of Child or TBD** |
| **Name of Parent / Guardian**  | **Name of Parent / Guardian**  |
| **Email Address**  | **Email Address**  |
| **Home Phone** | **Home Phone** |
| **Work Phone** | **Work 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 consultantPlease review enrollment information on our website prior to emailing one application per child to cityhallchildcare@telus.netThe Pre Enrollment Application does not confirm enrollment |

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.

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| --- | --- |
|  | 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 |  |