## **Emmanuel Day Care REQUEST FORM 2023-2024**

Today's Date:	Requested Start Date:
Child's Full Name:	Circle: Boy / Girl
Age in months as of September 2023:	Birth Date (mm/dd/year):
Parent/Guardian Name:	Phone: Email:
Parent/Guardian Name:	Phone: Email:
Address:	Postal Code:
Does your child have siblings who attended or YES NO Year:	are attending Emmanuel Day Care or After School Care?  Name(s):
Will your child require extra assistance in the	classroom? YES NO
If yes, has Supported Child Care Funding been	arranged for your child? YES NO
Are other professionals involved in meeting yo	our child's needs? YES NO
Are you eligible for the Affordable Child Care E For more information: gov.bc.ca/affordablech	
Your child must be potty-trained to attend Day Calls your child potty-trained?	YES NO
do not withdraw. This is non-refundable unles	fer to <a href="mailto:preschool@emmanuelvictoria.ca">preschool@emmanuelvictoria.ca</a> (no password needed).
Enrolling Parent's/Guardian's Signature:	Date:
Print Name:	

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