

Emmanuel Daycare Request Form

30 MONTHS – SCHOOL AGE

Returning Child

New Applicant

Today's Date: _____ Requested Start Date: _____

Name of Child: _____ (Last) _____ (First) Male Female

Birthdate (mm/dd/yyyy): _____ Age in Months as of September 2026: _____

Address: _____ Postal Code _____

Enrolling Parent's Name: _____ Cell Phone: _____

Email: _____

Second Parent's Name: _____ Cell Phone: _____

Email: _____

Does your child have siblings who attended or are attending Emmanuel Day Care or After School Care?

YES NO Year: _____ 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 your child's needs? YES NO

Are you eligible for the Affordable Child Care Benefit? YES NO

For more information: gov.bc.ca/affordablechildcarebenefit

Your child must be potty-trained to attend Day Care.

Is your child potty-trained? YES NO

Please note that a \$100 Registration Fee will be required at the time a space becomes available. This fee will be credited to your first month's fee if you do not withdraw. This is non-refundable.

Once a space becomes available, payments can be received via Interac e-transfer to preschool@emmanuelvictoria.ca (no password needed).

In message field write "Day Care Reg. Fee 2026-27".

Enrolling Parent's/Guardian's Signature: _____ Date: _____

Print Name: _____

Emmanuel Day Care 2121 Cedar Hill Cross Road Victoria, BC V8P 2R6

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