



Application for Child Care Services

We invite applications from students, staff and faculty as well as community members. A specific percentage of spaces will be allocated to Saskatchewan Polytechnic and STSC students.

Child's full name		
Birth date	____ / ____ / ____ <small>dd mm yyyy</small>	Gender <input type="checkbox"/> male <input type="checkbox"/> female
Start date	____ / ____ / ____ <small>dd mm yyyy</small>	
Parent/Guardian 1		
Name		
Address		Email
<small>Please provide the following information and check preferred method of contact.</small>		
Home phone <input type="checkbox"/>	Work phone <input type="checkbox"/>	Cell phone <input type="checkbox"/>
Parent/Guardian 2		
Name		
Address		Email
<small>Please provide the following information and check preferred method of contact.</small>		
Home phone <input type="checkbox"/>	Work phone <input type="checkbox"/>	Cell phone <input type="checkbox"/>
I am a student at <input type="checkbox"/> Sask Polytech <input type="checkbox"/> Saskatoon Trades & Skills <input type="checkbox"/> Royal West <input type="checkbox"/> Mount Royal Collegiate <input type="checkbox"/> University of Saskatchewan <input type="checkbox"/> Other _____		
If you are a student, please provide length of program in weeks, including your anticipated <u>end date</u> .		# of weeks _____ ____ / ____ / ____ <small>dd mm yyyy</small>
I am staff/faculty at <input type="checkbox"/> Sask Polytech <input type="checkbox"/> Saskatoon Trades & Skills <input type="checkbox"/> Royal West <input type="checkbox"/> Mount Royal Collegiate <input type="checkbox"/> Other _____		

I understand that the personal information on the form will be used for the purpose of determining eligibility and suitability for child care services, including communicating with me about child care services at the Saskatoon Early Childhood Education Demonstration Centre. By signing this form, I consent to the above described treatment of personal information.

Signature of Applicant(s)

Date

FOR OFFICE USE ONLY	
Application received by	Date ____ / ____ / ____ <small>dd mm yyyy</small>

**Note: Completion of this application does not imply that a child care space will be available when needed. Your application will be put on the centre waitlist and you will be notified if a suitable space becomes available.*

Mailing address: Saskatoon Early Childhood Education Demonstration Centre
 440 Avenue W North, Saskatoon SK S7L 1C1 (306-659-4900)