



Waiting List Application

Date:

Child's First Name:

Child's Last Name:

Child's Date of Birth or Due Date:

Requested Start Date:

Your First Name:

Your Last Name:

Telephone: (h)

(w)

(cell)

E-Mail Address:

Does you or your spouse work in Bow Valley Square?

If yes, please list the name of the company:

Who referred you to the centre?

*There is a \$25 non-refundable administrative fee payable to Bow Valley Child Care Centre. This fee needs to be received in order for your application to be processed.

*Please note this application does not guarantee you a spot at our centre.

*When your application has been processed we will contact you via e-mail to confirm your application and to schedule a tour of the centre. We require that all families contact us by e-mail every 6 months to keep their file active.

Bow Valley Child Care Centre
Accredited Child Care Centre
Suite 320, 255 5th Ave SW
Calgary, AB
T2P 3G6
403-269-1719
bvccc@telus.net

