

INGLEWOOD CHILD DEVELOPMENT CENTRE SOCIETY

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WAITLIST FORM

Today's Date: _____ Date requesting care: _____

Child's Name (First & Last): _____

Date of Birth (yyyy/mm/dd): _____

Parent(s)/ Guardian: _____

Address (City, Province, Postal code):

Telephone: Home - _____ Cell - _____

Email: _____

How did you hear about ICDC?

Sibling on list?
 yes Name: _____ Date or birth (yyyy/mm/dd): _____
 No

Sibling currently enrolled?
 Yes Name: _____
 No

Current Child Care Fees	
Age	Price
12 months to 18 months	\$1265
19 months to 6 years	\$1100

I _____ understand that if I decline an offered space, there is no guarantee that another space will become available when I need it.