

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

	Monthly Fee	4 days	3 days	2 days	Drop in
Infants: 12 - 18 months	\$1,415/month	\$1189/month	\$934/month	\$623/month	\$75.00
Toddlers: 19 - 35 months	\$1,295/month	\$1088/month	\$855/month	\$570/month	\$75.00
Pre-School: 3 - 6 years	\$1,265/month	\$1063/month	\$835/month	\$557/month	\$75.00

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