

# 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 (mm/dd/yy): \_\_\_\_\_

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 (mm/dd/yy): \_\_\_\_\_

( ) No

Sibling currently enrolled?

( ) Yes Name: \_\_\_\_\_

( ) No

Current Child Care Fees (Effective March 1, 2020)	
12 to 18 Months	\$1415
19 to 35 Months	\$1295
36 months to 6 years	\$1265

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