



Expanding Imaginations Child Care Inc.

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www.expandingchildcare.ca

APPLICATION

Date: _____

Start Date: _____

Child's Name: _____

Date of Birth: _____ Gender: _____

Parent / Guardian: _____

Parent / Guardian: _____

Relationship to Child:

Relationship to Child:

Address: _____

Address: _____

City: _____

City: _____

Postal: _____

Postal: _____

Phone #'s: _____ (Home)

Phone #'s: _____ (Home)

_____ (Cell)

_____ (Cell)

_____ (Work)

_____ (Work)

Email: _____

Email: _____

What we should know about your child:

I/We understand that completing this form will put my child on the waitlist and does not guarantee my child a space at Expanding Imaginations Child Care.

Signed: _____

Date: _____