



STUDENTS' UNION AND COMMUNITY EARLY LEARNING CENTRE

8917-112 Street, Edmonton, Alberta T6G 2C5

Phone (780)492-2245 e-mail: sucdc@ualberta.ca

Website: www.sucelc.com

APPLICATION FORM

(Child must be born before being placed on the waitlist)

First Child's Name: _____
Birth date: (YY-MM-DD) _____ Sex: Male ____ Female ____

Second Child's Name: _____
Birth date: (YY-MM-DD) _____ Sex: Male ____ Female ____

Parent/Guardian's Name: _____
Address: _____
Postal Code: _____
Phone Number you can be reached at during the day: _____
email address: _____
Occupation/Staff or Student and with what faculty? _____

Parent/Guardian's Name: _____
Address: _____
Postal Code: _____
Phone Number you can be reached at during the day: _____
email address: _____
Occupation/Staff or Student and with what faculty? _____

Are you looking for full-time or part-time care? Please specify your needs:

What are your present child care arrangements (child is in daycare, at home, etc.)? _____

Do you require advance notice if a childcare space comes available?
Yes ____ No ____ If yes, how much notice will you need? _____

Requested date of care required: _____
If a space becomes available sooner than your requested date of care required would you like us to call you? Yes ____ No ____ How much sooner? _____

Date of Application: _____

*This information will be used for the purpose of processing your application for child care.
The personal information will be treated in accordance with the FOIP*