

CHILDCARE WAITING LIST

DATE OF APPLICATION: _____

NAME OF PARENT: _____

CURRENT ADDRESS: _____

POSTAL CODE: _____

PHONE NUMBER: _____ (2nd #) _____

(Work) _____ (email) _____

STATUS: UNDERGRADUATE _____ or USSU STAFF _____

GRADUATE _____

INDIGENOUS _____

FACULTY _____

NAME

DATE OF BIRTH

DATE CARE IS NEEDED: _____

ANYTHING YOU WANT TO SHARE ABOUT YOUR CHILD? _____

ANY SPECIAL SUPPORT NEEDED. I.e speech & language or behavioural _____