



**Balgonie Early Learning Centre Inc
(BELCI)**

Box 940, 131 Main St
Balgonie, SK, S0G 0E0
(306) 771-5080
www.belci.ca

REGISTRATION APPLICATION FORM

Please forward completed forms to the address above

Please Print Clearly

Parent(s) or Legal Guardian(s): _____
 Mailing Address: Box # _____ Street Address: _____
 Town/City: _____ Province: _____ Postal Code: _____
 Home Phone #(s): _____ Work #(s): _____ Cell #(s): _____
 E-mail: _____

Child(ren)'s First and Last Name(s)	Date of Birth (mm/dd/yy)	Gender
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F

Please check if you require full-time or part-time care.

- Full-time care = child is in attendance for ten days or more per month
- Part-time care = child is in attendance for nine days or less per month

Estimated drop off time: _____ Estimated pick up time: _____

Do you require government subsidy? Yes No

Preferred Enrollment Date: _____

Application Date: _____

***NOTE: Completing this application form does NOT guarantee a child care space. Spaces will be allocated on a first come, first serve basis dependent upon staffing ratios and space availability for each age group. Preference will be given to Full-Time clients. BELCI will contact all applicants upon the assignment of spaces.**

Thank you for your interest in the Balgonie Early Learning Centre Inc