



Balgonie Early Learning Centre Inc (BELCI)

Box 940, 131 Main St

Balgonie, SK

S0G 0E0

(306) 771-5080

director@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	
_____	_____	M	F
_____	_____	M	F
_____	_____	M	F
_____	_____	M	F
_____	_____	M	F
_____	_____	M	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: _____

Preferred Enrollment Date: _____

Application Date: _____

***Note: Completing this application form does NOT guarantee a childcare space. Spaces will be allocated on a first come, first serve basis dependent upon staffing rations 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.