

**CHRIST CHURCH EARLY CHILDHOOD CENTRE**

*'Open and welcoming, a safe place to explore'*

Thank you for your interest in our centre. If you wish to have your child's name placed on the list of registrants at this point, please complete the form below and **MAIL** it, along with a non-refundable cheque for \$200.00 (\$50 administration costs, \$150 deposit towards school fees) to:

The Registrar, CCECC:  
3602 – 8 St. SW  
Calgary, Alberta T2T 2A7

Applications will be processed in the order in which they are received/post marked. We are always happy to talk about our program. To contact us, please leave a message at the school, phone: (403) 243-0070 or email: [cceccreg@telus.net](mailto:cceccreg@telus.net)

<b>Initial Application Form – CCECC</b> <b>Year 20 ____ /20 ____</b>	
Child's Name: _____	Name used by Child: _____
Gender: <input type="checkbox"/> M or <input type="checkbox"/> F	Child's Birth date: _____
Request: <input type="checkbox"/> 4 year or <input type="checkbox"/> 3 year (must be potty trained!)	
Parents' Names: _____	
Address: _____ Postal Code: _____	
Phone: (home) _____	(mother's work) _____
(cell) _____	(father's work) _____
(e-mail) _____	
Name of sibling who currently or previously attended CCECC (if applicable): _____	
Normally 4 year-olds attend a Monday, Wednesday and Friday session (either am or pm), and 3 year-olds attend a Tuesday and Thursday session (either am or pm). Please mark your preference with the understanding that we make every effort to place your child as you desire, but cannot guarantee time preference:  <input type="checkbox"/> am or <input type="checkbox"/> pm	
<b>Does your child suffer from any allergies or medical conditions? Please list below.</b> _____ _____	
Signed: _____	Date: _____
How did you hear about our programme: <input type="checkbox"/> Christ Church Member <input type="checkbox"/> Calgary's Child Magazine <input type="checkbox"/> Family/Friends <input type="checkbox"/> Other: _____	