

SIGNATURE

## CORNERSTONE CHILDREN'S CENTRE 611 FIFTH STREET, NELSON BC, V1L2X1

250-505-4148 e-mail: sacnelsondaycare@gmail.com

INTENTION TO REGISTER	July 20Sep 20
Please complete the information below and email to sac fee is required within 4 days of confirmation of placement. Registration fees are non-refundable.	
CHILD'S NAME	BIRTH DATE (mm/dd/yyyy)
1 2	
PARENT(S) NAME(S)	PHONE NUMBER
1   2	
MAILING ADDRESS (including Postal Code)-Pri	mary Care giver.
EMAIL ADDRESS	
SCHOOL AGE ONLY (please indicated the days	s you will be requiring care)
MondayTuesdayWednesdayThu	rsdayFriday (as perfee schedule)
SCHOOL AGE CARE Childcare is offered for children dur	ring Summer from 8:00am to 5:00pm.

DATE

## INTENTION TO REGISTER CONTINUED....

If we are not able to accommodate your needs, we will place your child/ren on our waiting list, or you will have first option to change to a different day, in our program.

Fees are subject to change: You will be notified before September if this occurs. Full day childcare is available during Pro D-Days if we have enough children registered. We need a minimum of 4 children to be open.

Once we received your intention to register form and registration fee, we will place your child/ren on the list for that day. You will be notified as soon as possible if we are unable to accommodate your first preference. If we arefull at the time of receiving your Intent-to-Register Form, you will be advised that you have been put in the waiting list.

This registration forms is for or	ur summer pro	gram.		
Information on the Intent-to-Register and our full Registration Forms are for internal use only.				
If you required further informat	ion, please cal	l:		
Cornerstone After School Age	care phone (25	50-505-4148) or (2	250-777 8052)	
How did you hear about Cornerstone?				
Word of mouth (friend)	Star	Express	Pennywise	
Church flyer	Telephone bookBetter Book		Better Book	
Hume School	Other (explain)			