



CORNERSTONE CHILDREN'S CENTRE
 611 Fifth Street, Nelson, BC, V1L 2X1
 250-352-9910 e-mail: ccc.nelsondaycare@gmail.com

INTENTION TO REGISTER

September 20__ - August 31st, 20__

Please complete the information below and return.

Returning Cornerstone families will be placed first, then spaces will be available on a first-come, first-served basis.

CHILD'S NAME

BIRTH DATE (mm/dd/yyyy)

1. _____
2. _____

PARENT(S) NAME(S)

PHONE NUMBER

MAILING ADDRESS (including Postal Code) - Primary care giver.

E-MAIL ADDRESS _____

CHILDCARE Childcare is offered for children 30 months through kindergarten within the hours of 7:30 am - 5:15 pm.

Please indicate the days you would be requiring care for your child/ren.

___Monday ___Tuesday ___Wednesday ___Thursday ___Friday (As per fee schedule)

 SIGNATURE

 DATE over.....

INTENTION TO REGISTER CONTINUED....

If we are not able to accommodate your needs, we will place your child/ren on our wait list, or you will have first option to change to a different day our program. Our program is closed for Christmas and Easter Monday.

Once we receive 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. By *mid-June* you will receive a formal confirmation of your child's enrollment and information of the start-up of the September program. If we are full at the time of receiving your Intent-to-Register form, you will be advised that you have been put on our wait list.

Registration is from September to August 31st .

Information on the Intent-to-Register and our full Registration forms are for internal use only.

If you require further information, please call:

Cornerstone Children's Centre (250-352-9910)

How did you hear about Cornerstone?

- Word of mouth (friend) Star Express Pennywise
 Church flyer Telephone book Better Book
 Hume School Other (explain) _____