## **Emmanuel Day Care REQUEST FORM 2025-2026: New Applicants**

Today's Date:	Requested Start Date:
Child's Full Name:	Circle: Boy / Girl
Age in months as of September 2025:	Birth Date (mm/dd/year):
Parent/Guardian Name:	Phone: Email:
Parent/Guardian Name:	Phone: Email:
Address:	Postal Code:
	attending Emmanuel Day Care or After School Care? ime(s):
Will your child require extra assistance in the classr	room? YES NO
If yes, has Supported Child Care Funding been arrar	nged for your child? YES NO
Are other professionals involved in meeting your ch	hild's needs? YES NO
Are you eligible for the Affordable Child Care Benefit?  For more information: gov.bc.ca/affordablechildcarebenefit	
Your child must be potty-trained to attend Day Care. Is your child potty-trained?	YES NO
Please note that a \$100 Registration Fee will be required to your first month's fee if you do not work once a space becomes available, payments can be preschool@emmanuelvictoria.ca (no password no lin message field write "Day Care Reg. Fee 2025-20	e received via Interac e-transfer to eeded).
Enrolling Parent's/Guardian's Signature:	Date:
Print Name:	

Emmanuel Day Care 2121 Cedar Hill Cross Road Victoria, BC V8P 2R6 250-598-0573 <a href="mailto:daycare@emmanuelvictoria.ca">daycare@emmanuelvictoria.ca</a>