First Steps: Student Child Care Centre Inc.

1791 – 110th Street North Battleford Sask.

Application For Child Care

Please Print Clearly

Check off th	ne school you are atten	ding or will be attend	ng and complete the blanks:	
o No	orth Battleford Compre	nensive High School- S	start date	_
o N	lorth West College	- Start date		
		End date		5 ¥
Print name	of program or course_			
o Ih			ility and will need to provide the	m with notice.
Parent's Na	-2-			
Parent's da	te of Birth (for ABE stud	dents and North Battle	eford Comprehensive Students o	nly)
	**************************************	Month	Year	
Mailing Add	ressess (if different from ma	ailing address)		
Contact Info		- 1		
	ber:			
	ss:			
	e of the child/ren to be date of birth"	placed in the Centre.	If you are pregnant, please indic	cate when your child is
Name of Ch	ild C	Date of Birth	Health card Number	Special needs
		y/month/year		(A. S.
1				yes/no
2				
3				yes/no
* If your chi Below.	ld has any special need	s (language or hearin	g problems, physical disabilities	s, etc.) please explain