



UBC Child Care Services SHHS Waiting List Application

Child's Name: _____

Gender: _____

Birth Date: _____
Year / month / Day

Or Due Date: _____
Year / month / Day

Requested Entry Date: _____

Type of care: (check all that apply)

- Full day
- Half day (3-5 year olds only, 4 hours per day, Monday to Thursday 9:00– 1:00 September to June)
- After School Care (prioritized for children attending U-Hill Elementary or Norma Rose Point)
What school do you expect to attend? _____
- Summer weekly care only (6-12 year olds)
- Occasional Care (maximum 40 hours per 30 days, minimum age 18 months to 6 years old) Available Summer 2015.

Do you have other children already attending UBC Child Care or on the waiting lists?

- Yes Child's Name: _____
- No

Important Information:

UBC Child Care Services prioritizes UBC student, staff and faculty for child care spaces with some exceptions for particular user groups. It is the guardian's responsibility to inform UBC Child Care Services of any changes to their status with the University. Full or part-time status with the University may affect offers of care. If care is offered based on false information, the contract may be terminated.

A non-refundable \$15 fee is required with your application. This fee does not guarantee enrollment. The Director of Child Care Services reserves the right to refuse entry.

Child care expenses can be included among the allowable costs claimed on applications for government student loans and UBC bursaries. Further information and application forms can be obtained from the Awards & Financial Aid Office on the main floor of Brock Hall. Phone #: 604.822.5111.

Please contact us for more information:

UBC Child Care Services
2881 Acadia Road, Vancouver, BC V6T 1S1
Phone: 604.822.5343 Fax: 604 822 9195
Email: childcare@housing.ubc.ca
Web: www.childcare.ubc.ca

Parent/Guardian:

- UBC Student ID# _____
- UBC Staff ID# _____
- UBC Fac/Post Doc ID# _____
- UNA/Community Postal Code _____

Name: _____

Date of Birth: _____
day/month/year (for identification purposes)

Phone No. Home: _____

Work: _____

Cell: _____

Email: _____

Address: _____

Postal Code

Parent/Guardian:

- UBC Student ID# _____
- UBC Staff ID# _____
- UBC Fac/Post Doc ID# _____
- UNA/Community Postal Code _____

Name: _____

Date of Birth: _____
day/month/year (for identification purposes)

Phone No. Home: _____

Work: _____

Cell: _____

Email: _____

Address: _____

Postal Code

Parent Signature: _____

Date: _____

Application Received: _____

Method of payment for waitlist fee:

- Cash
- Cheque
- Online payment (instructions will be sent by email)

Internal Use: Fee Paid Yes No