



Pre-Enrollment Form

Granville Childcare Center

7175 WINTERBURN RD NW

EDMONTON AB T5T 4K2

Phone# 780-885-5755 / 780-965-6066

Applied Date: _____

Requested Start Date: _____

APPLIED FOR

Daycare Program:

Before and After School Program:

CHILD INFORMATION

First Name: _____

Last Name: _____

Male:

Female:

Date of Birth: _____

Home Address: _____

City/Town: _____

Postal Code: _____

Home Phone Number: _____

PARENT/GUARDIAN INFORMATION

Relationship to Child: _____

First Name: _____

Last Name: _____

Home Address: _____ Apt./Unit #: _____

City/Town: _____

Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

SECOND CHILD INFORMATION (If Applicable)

First Name: _____

Last Name: _____

Male:

Female:

Date of Birth: _____

Special request or comments (in relation to registration) from parents:

Signature of Parent (Guardian): _____

Date: _____

Note: This is a pre-enrollment form for reference only, to conform the registration please fill out the formal registration package and return with \$50 registration fees.