



**Daycare Interest Form**

**Parent/Guardian Information**

Full Name: \_\_\_\_\_  
*Last* *First*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_

*City* *Province* *Postal Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a student of the First Nation University of Canada? YES  NO

Are you an employee of the First Nation University of Canada? YES  NO

If other, explain: \_\_\_\_\_

Do you qualify for a subsidy? YES  NO

**Child Information**

Child #1

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Child #2

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Child #3

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Child #4

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

**Interested In**

Full Time

Part Time

Please Note: This form does not guarantee your children or child a spot in the First Nations University of Canada Daycare. A formal application process will follow.