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.