



UBC Child Care Services SHCS

Waiting List Application

Child's Last Name: _____

Child's First Name: _____

Birth Date/Due Date: _____
Year / month / Day

Requested Entry Date: _____

Type of care: (check all that apply)

- Full day
- After School Care (for children attending on campus elementary school)

Indicate which school:

- Norma Rose Elementary
- University Hill Elementary
- Summer weekly care only (6-12 year olds)

List any siblings already attending UBC Child Care or on the waiting lists.

Name(s): _____

Important Information:

UBC Child Care Services prioritizes full time UBC student, staff and faculty . It is the guardian's responsibility to inform UBC Child Care Services of any changes to their status with the University. If care is offered based on false information, the contract may be terminated.

This application does not guarantee enrollment. The Director of Child Care Services reserves the right to refuse entry.

UBC is dedicated to supporting Aboriginal student success. The University has developed a wide variety of programs and student services for Aboriginal students (as defined in section 35(2) of the Canadian Constitution) including first access to available child care spaces. Self-identification is optional.

Do you identify yourself as an Aboriginal person of Canada?

- Yes
- No

Do you identify with one or more of the following:

- First Nations
- Inuit
- Metis

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.

For further information visit our website www.childcare.ubc.ca

Parent/Guardian:

- UBC Affiliation (Student, staff or faculty/post doc)
_____ Affiliation _____ UBC ID #
- UNA/Community _____
_____ Postal Code

Name: _____

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

Phone No. Home: _____

Work: _____

Cell: _____

Email: _____

Address: _____

_____ Postal Code

Parent/Guardian:

- UBC Affiliation (Student, staff or faculty/post doc)
_____ Affiliation _____ UBC ID #
- UNA/Community _____
_____ Postal Code

Name: _____

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

Phone No. Home: _____

Work: _____

Cell: _____

Email: _____

Address: _____

_____ Postal Code

Parent Signature: _____

Office use only:

Date application received : _____

Please note on receipt of application a confirmation email will be sent to the primary guardian. If you do not receive an email within seven business days please confirm receipt by contacting us.

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