



SD10 SCHOOL DISTRICT 10
ARROW LAKES
World Class Learning in a Rural Environment

Nakusp Early Learning Child Care Centre Enrollment Expression of Interest

Thank you for your interest in the Nakusp Early Learning Child Care Centre, a child-centered, parent-engaged, childcare hub located at Nakusp Elementary School and operated by School District 10 (Arrow Lakes). The purpose of this form is to gather information about your interest in enrolling your child in the Centre to help us in determining licensing and staffing priorities. Please note that the completion of this form does not guarantee a space in any of the programs. More information regarding formal registration will be provided to you once it is available.

Nakusp Early Learning Child Care Centre Programs:

Infant/Toddler (0-36 months)	Before School (5-12 years)
Multi-Age (0-5 years)	Afterschool (5-12 years)

If you have child care needs and are interested in enrolling your child(ren) at the Centre, please complete this online form, send via email to nelccc@sd10.bc.ca, mail to Box 340, Nakusp BC, V0G 1R0, or drop off at the School Board Office at 98 6th Ave NW.

Date:		
First Name:	Last Name:	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian
Phone #:	Email:	

Child Registration Information

Child 1 First Name: Last Name: Birthdate: (mm/dd/yy)	Program <input type="checkbox"/> Infant / Toddler (0-3) <input type="checkbox"/> Multi-Age (0-5) <input type="checkbox"/> Before and Afterschool (School Age)	Frequency: <input type="checkbox"/> Full time (M-F) care <input type="checkbox"/> Part time care <input type="checkbox"/> Drop In	For part time care: Indicate the days/week and a.m. or pm <input type="checkbox"/> a.m. only <input type="checkbox"/> p.m. only <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
Child 2 First Name: Last Name: Birthdate: (mm/dd/yy)	Program <input type="checkbox"/> Infant / Toddler (0-3) <input type="checkbox"/> Multi-Age (0-5) <input type="checkbox"/> Before and Afterschool (School Age)	Frequency: <input type="checkbox"/> Full time (M-F) care <input type="checkbox"/> Part time care <input type="checkbox"/> Drop In	For part time care: Indicate the days/week and a.m. or pm <input type="checkbox"/> a.m. only <input type="checkbox"/> p.m. only <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F

Child 3 First Name: Last Name: Birthdate: (mm/dd/yy)	Program <input type="checkbox"/> Infant / Toddler (0-3) <input type="checkbox"/> Multi-Age (0-5) <input type="checkbox"/> Before and Afterschool (School Age)	Frequency: <input type="checkbox"/> Full time (M-F) care <input type="checkbox"/> Part time care <input type="checkbox"/> Drop In	For part time care: Indicate the days/week and a.m. or pm <input type="checkbox"/> a.m. only <input type="checkbox"/> p.m. only <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
Child 4 First Name: Last Name: Birthdate: (mm/dd/yy)	Program <input type="checkbox"/> Infant / Toddler (0-3) <input type="checkbox"/> Multi-Age (0-5) <input type="checkbox"/> Before and Afterschool (School Age)	Frequency: <input type="checkbox"/> Full time (M-F) care <input type="checkbox"/> Part time care <input type="checkbox"/> Drop In	For part time care: Indicate the days/week and a.m. or pm <input type="checkbox"/> a.m. only <input type="checkbox"/> p.m. only <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F

What is your anticipated start date for needing child care?

Is there anything else we should be aware of? (e.g. about your child, your schedule, general comments)

What is the best way to contact you? Phone Email

Please keep up to date by following our Facebook page [SD10 - Arrow Lakes Nakusp Early Learning Child Care Centre](#).