



ZIROSH FAMILY DAYHOME AGENCY
 127 Carringwood Manor, NW, Calgary, T3P 2A7
 Phone: 825-454-2103, 403-978-8603
 Email: info@ziroshchildcareservices.ca

Registration Details

Educator's name: _____ Date of Interview: _____

Parent's Full name: _____

Parent's e-mail address: _____

Child's Full name: _____ Child's Date of Birth: _____

Start date: _____

Days per week: Monday , Tuesday , Wednesday , Thursday , Friday .

Hours per Month: 0-49 , 50-99 , over 100 ,

Parent's expected monthly payment:
 \$326.25 , \$ 230 , Other ____.

Optional Monthly Supplementary Fees:

\$ _____ for _____. Agree Disagree

\$ _____ for _____. Agree Disagree

Does the child attend school? Yes, _____ No _____

Name of School: _____ Grade: ____

Describe the conversation around the schedule and hours needed per month.

If hours attended are not consistently met, it may need to be reviewed by the Educator and Agency.

I have interviewed this family and confirm that the agency may proceed with a registration based on the above information.

I agree the above information is accurate to my needs and will contact the Agency to complete the Registration. I understand the Supplementary Fees are optional and can be canceled at any time.

Educator's Signature

Parent's Signature

*** Registrations can take up to 5 business days to process. Please confirm a realistic start date ***