

BCCH/BCW CHILD CARE Advertisement Request form

In home day care (if yes please provide information below)

Day Care at another location (if yes, please provide general information below)

Number and Age of Children (provide information below)

Childcare Requirements

Day(s)	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Time(s)							

Childcare provider requirements (please provide information below related to any specific provider preferences or requirements; e.g. CPR, First Aid, other qualifications)

Compensation: \$ _____ / hour

Please contact: _____ by

Phone: _____ and /or

Email: _____

Additional Information

****Email your completed request form to workplacewellness@cw.bc.ca***