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| <input type="checkbox"/> Madison (N. Burnaby) | <input type="checkbox"/> Kitchener (School Age) |
| <input type="checkbox"/> Yukon Crescent (N. Burnaby) | <input type="checkbox"/> Rosser (Preschool) |
| <input type="checkbox"/> Cameron (NE Burnaby) | <input type="checkbox"/> Qayqayt (New West) |
| <input type="checkbox"/> Ready Set Grow (New West) | <input type="checkbox"/> Capitol Hill (3 to 5 Program) |

WAITLIST FORM

Please fill up and complete the form properly.

Date of call/initial visit: _____

Parent/Guardian Full Name/s: _____

Address: _____

Phone: _____
(Please provide at least 2 contact numbers)

E-mail: _____

Child's Full Name: _____

Child's birthdate: _____
(If unborn, indicate month and year when the child is due)

Date care needed: _____
(Month and year)

Type of care required:

- Full Time Care
- Part Time Care-2 days per week (specify days)M/T or Th/Fri
- Part Time Care-3 days per week (specify days) MTW or W/Th/Fri

Extra Support needs? Y/N

- Infant Development Program
- Supported Child Development
- Health Dept.
- BC Center For Ability

How did you hear about us? _____