## WAITLIST FORM



Madison (Infant, Toddler 3-5) North Burnaby **Yukon** (Infant, Toddler 3-5) North Burnaby **Rosser** (Preschool - 2.5-5, part-time only) N. Burnaby Yukon (School Age) North Burnaby Rosser (School Age) North Burnaby Cameron (Infant, Toddler, 3-5) North East Burnaby Ready Set Grow (Toddler, 3-5) New Westminster **Capitol Hill** (3-5) North Burnaby Qayqayt (Toddler, 3-5) New Westminster **Kitchener** (School Age) North Burnaby Skwo: Wech (Toddler, 3-5) New Westminster **Date of Initial Contact:** Parent/Guardian Full Name/s: 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 Phone: (Please provide at least 2 contact numbers) Address: E-mail: Child's Full Name: Child's birthdate: (If unborn, indicate month and year when the child is due) Date care needed MM/YYYY: How did you hear about us? Extra supports needed? Supported Development Program Infant Development Program BC Centre for Ability Health Department

Please send waitlist application form to mail@purposesociety.org