**WAITLIST FORM**

**Cameron** (Infant, Toddler, 3-5) North East Burnaby

**Kitchener** (School Age) North Burnaby **Qayqayt** (Toddler, 3-5) New Westminster **Rosser** (School Age) North Burnaby **Rowan Avenue** (Toddler, 3-5) Burnaby **Yukon** (School Age) North Burnaby

**Capitol Hill** (3-5) North Burnaby

**Madison** (Infant, Toddler, 3-5) North Burnaby **Ready Set Grow** (Toddler, 3-5) New Westminster **Rosser** (Preschool - 2.5-5) N. Burnaby **Skwo:Wech** (Toddler, 3-5) New Westminster **Yukon** (Infant, Toddler, 3-5) North Burnaby

# 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?

Infant Development Program Supported Development Program

Health Department BC Centre for Ability

Please send waitlist application form to [mail@purposesociety.org](mailto:mail@purposesociety.org)