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