

## WAITLIST FORM



- |                                                                                   |                                                                               |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>Cameron</b> (Infant, Toddler, 3-5) North East Burnaby | <input type="checkbox"/> <b>Capitol Hill</b> (3-5) North Burnaby              |
| <input type="checkbox"/> <b>Kitchener</b> (School Age) North Burnaby              | <input type="checkbox"/> <b>Madison</b> (Infant, Toddler, 3-5) North Burnaby  |
| <input type="checkbox"/> <b>Qayqayt</b> (Toddler, 3-5) New Westminster            | <input type="checkbox"/> <b>Ready Set Grow</b> (Toddler, 3-5) New Westminster |
| <input type="checkbox"/> <b>Rosser</b> (School Age) North Burnaby                 | <input type="checkbox"/> <b>Rosser</b> (Preschool - 2.5-5) N. Burnaby         |
| <input type="checkbox"/> <b>Rowan Avenue</b> (Toddler, 3-5) Burnaby               | <input type="checkbox"/> <b>Skwo:Wech</b> (Toddler, 3-5) New Westminster      |
| <input type="checkbox"/> <b>Yukon</b> (School Age) North Burnaby                  | <input type="checkbox"/> <b>Yukon</b> (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?** \_\_\_\_\_

**Additional Info:** \_\_\_\_\_

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Extra supports needed?

- |                                                     |                                                        |
|-----------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Infant Development Program | <input type="checkbox"/> Supported Development Program |
| <input type="checkbox"/> Health Department          | <input type="checkbox"/> BC Centre for Ability         |

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