

WAITLIST FORM



Rowan Avenue Child Care Centre

City of Burnaby Staff *Department Name:* _____

Burnaby RCMP Staff Community Member

Date of Initial Contact: _____

Parent/Guardian Full Name/s: _____

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

Phone 1: _____ **Phone 2:** _____

Address: _____

Email: _____

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 Support Needed?

- Infant Development Program Supported Development Program
- Health Department BC Centre for Ability

Please send waitlist application form to **mail@purposesociety.org**