

WAITLIST FORM

- | | |
|---|---|
| <input type="checkbox"/> Cameron (Infant/Toddler, 3-5) NE Burnaby
<input type="checkbox"/> Kitchener (School Age) North Burnaby
<input type="checkbox"/> Rosser (School Age) North Burnaby
<input type="checkbox"/> Rosser (Preschool - 2.5-5) N. Burnaby
<input type="checkbox"/> Yukon (School Age) North Burnaby
<input type="checkbox"/> Yukon (Infant/Toddler, 3-5) North Burnaby | <input type="checkbox"/> Capitol Hill (3-5) North Burnaby
<input type="checkbox"/> Madison (Infant/Toddler, 3-5) North Burnaby
<input type="checkbox"/> Qayqayt (Toddler, 3-5) New Westminister
<input type="checkbox"/> Ready Set Grow (Toddler, 3-5) New Westminister
<input type="checkbox"/> Skwo:wech (Toddler, 3-5) New Westminister |
|---|---|

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 1: _____ **Phone 2:** _____

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 support needed?

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