

WAITLIST FORM



- | | |
|---|--|
| ☐ Cameron (Infant/Toddler, 3-5) NE Burnaby | ☐ Capitol Hill (3-5) North Burnaby |
| ☐ Kitchener (School Age) North Burnaby | ☐ MacDonald Ave (Preschool, 2.5-5) North Burnaby |
| ☐ Rosser (School Age) North Burnaby | ☐ MacDonald Ave (School Age) North Burnaby |
| ☐ Rosser (Preschool, 2.5-5) North Burnaby | ☐ Madison (Infant/Toddler, 3-5) North Burnaby |
| ☐ Yukon (School Age) North Burnaby | ☐ Qayqayt (Toddler, 3-5) New Westminster |
| ☐ Yukon (Infant/Toddler, 3-5) North Burnaby | ☐ Ready Set Grow (Toddler, 3-5) New Westminster |
| | ☐ Skwo:wech (Toddler, 3-5) New Westminster |

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?

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

*E-mail waitlist application form to **mail@purposesociety.org***