

7500 Hanna Court Burnaby, BC V3N 5A3604 520 6017 ext 101

Email: bccs@telus.net

Burnaby Children's Centres Society WAITLIST FORM

Waitlist is open for new Applicants from September 1st – 30th each year.

This waitlist application is valid for ONE Year, at which time if a space has not been awarded, and you still require care, you will need to re -apply.

Child's Legal Name:			
	FIRST		LAST
Child's Preferred Name	e (if different from above)		
Child's Date of Birth:			
Parent(s)/Guardian Na	me:		
Phone #:	F	mail:	
	Email:(Space offers will be sent here)		
Address:			
City:	Postal Co	de:	
Interested in participat	ing on the Board	of Directors? YES	NO Unsure
Parent(s) Field of Occu	ıpation:		
child has any extra sup	oport needs or dev	elopmental conce	child, we need to know if your rns: (Confirmed or Suspected s, Supported Child Development etc)
Sibling Currently on W			
1. Name:		Child's Date of Birtl	h:/
Note: Positioning on the wa group list (Toddler, 3-5 grou			automatically moved to the next age
Applicant's Signature:			