



**CHILDREN'S CENTRE**  
2055 Purcell Way, North Vancouver, B.C., V7J 3H5

**WAITLIST APPLICATION FORM**

Date of application\_\_\_\_\_

Date Child Care required\_\_\_\_\_

**Part Time**

**Full Time**

Date of Birth\_\_\_\_\_

Age of Child at expected time of entry\_\_\_\_\_

**Male**

**Female**

Child's Name\_\_\_\_\_

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Name of Parent applying\_\_\_\_\_

**Student**  **Community**

Address\_\_\_\_\_

**University Employee**

Postal Code\_\_\_\_\_

Home Phone\_\_\_\_\_ Work Phone\_\_\_\_\_ E-Mail\_\_\_\_\_

Parent\_\_\_\_\_

Address\_\_\_\_\_

Postal Code\_\_\_\_\_

Home Phone\_\_\_\_\_ Work Phone\_\_\_\_\_ E-Mail\_\_\_\_\_

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**Additional Information:**

Is there anything that you would like us to know about your child?

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