



Westcoast Child Care Services Waitlist Application 1 Kingsway

Child's name: _____

Sex (M/F): _____

Birth Date: _____

Or Due Date: _____

Requested Entry date: _____

Sibling name: _____

Care requested :

Full time _____

Part time (1-4 days/week) _____

Hours requested: _____

Important Information:

The #1 Kingsway child care centre is currently under construction. You will be contacted when space becomes available in the program (after September 2008). It is your responsibility to keep this contact information up to date.

Please submit a cheque for \$20.00 per family for the non refundable waitlist processing fee. **Cheque should be made payable to "Westcoast Child Care Resource Centre"**. This fee does not guarantee enrolment in the centre.

For more information contact us at:

Westcoast Child Care Resource Centre
Crystal Janes
Child Development Hub Director
2772 East Broadway
Vancouver BC
V5M 1YB
604.709.5661

Primary Caregiver: (person to be contacted first)

Name: _____

Phone: (h) _____

(c) _____

(w) _____

Email: _____

Address: _____

Postal code _____

Workplace postal code _____

Secondary Caregiver:

Name: _____

Phone: (h) _____

(c) _____

(w) _____

Email: _____

Address: _____

Postal code _____

Workplace postal code _____

Parent Signature: _____

Date: _____

Website information and updates:

www.westcoast.ca

www.childcarechoices.ca

For office use only.

Application received: _____

Non refundable fee paid: ___ yes ___ no

Data entry initials: ___ receipt # _____

Cheque # _____ LAC # _____ Int _____