

Daycare Program - Room 1 Daycare Program - Room 2 Daycare Program - Room 3 School Age Care Program

Port Coquitlam Children's Centre Waitlist Form

Date: _____

CONTACT INFORMATION:

Name: _____ Telephone (home) _____

Telephone (cell) _____

E-mail Address: _____

OTHER INFORMATION:

Days of Care Needed: Monday Tuesday Wednesday Thursday Friday
(please circle)

Desired Start Date: _____
Month/Day/Year

Desired Drop-off time: _____ Desired Pick-up time: _____

Child's Name: _____
(first) (last)

Gender: male female
(please circle)

Date of Birth: _____
Month/day/year

Does your child receive any community services? (ex. Kinsight, Spirit of the Children, speech therapy, etc.)

Yes No
(please circle)

If **yes**, please describe:

Is your child toilet trained? Yes No In progress

Any other information you would like to share?

Where did you hear about us?

For school age care, what school does your child/will your child attend?
