

Daycare Program

School Age Care Program

Daycare Program Room 2

## 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?**

---