

Port Coquitlam Children's Centre Waitlist Form



PRIORITY PLACEMENT	
Resident of Meridian Village	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Submission : _____

- Daycare Program - Room 1 7:15am-5:15pm
 Daycare Program - Room 2 9:00am - 2:30pm
 Daycare Program - Room 3 8:00am - 5:00pm
 School Age Care Program (ages 5-10) 7am - 515pm
 Birchland Elementary Blakeburn Elementary

Port Coquitlam Children's Centre use ONLY	Eligibility Date: _____ / _____ / _____ Month Day Year
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Child's Name: _____ Date of Birth: _____
First Last Month Day Year

Gender: Male Female
 Days of Care Required: Monday Tuesday Wednesday Thursday Friday

Desired Start Date: _____ Desired Daily Drop-off Time: _____ Desired Daily Pick-up Time: _____
Month Day Year

CONTACT INFORMATION

Parent/Guardian Name: _____ Telephone #: Cell _____
First Last

Parent/Guardian Email Address: _____ Telephone #: Home _____

ADDITIONAL INFORMATION

Is your child toilet trained? Yes No In Progress

Does your child receive any community services? (ie: Kinsight, Spirit of the Children, Speech Therapy etc) Yes No
 If yes, please describe:

Any other information you would like to share?

Where did you hear about us?
