



# BCITSA Childcare Waitlist Form

Today's Date (YYYY-MM-DD): \_\_\_\_\_

## Child's Information:

First Name		Last Name		Birth Date (YYYY-MM-DD)	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	Full Time / Part Time		Requested Entry Date	
Address (City & Postal Code)		Phone Number		Languages Spoken	

## Parent/Guardian Information:

First Name		Last Name		Relationship to the Child	
<input type="checkbox"/> Student <input type="checkbox"/> Staff		BCIT ID # or Student ID #		Email Address	
Address (City & Postal Code)		Phone Number		Mobile Number	
First Name		Last Name		Relationship to the Child	
<input type="checkbox"/> Student <input type="checkbox"/> Staff		BCIT ID # or Student ID #		Email Address	
Address (City & Postal Code)		Phone Number		Mobile Number	

Do you have other children currently attending the BCITSA Childcare Facility or on the waiting list?

Yes    No

Childs Name: \_\_\_\_\_

**Please send the wait list form via email**

**Email: [Sallan@bcitsa.ca](mailto:Sallan@bcitsa.ca)**