



BCITSA Childcare Centre Waitlist Form

Today's Date (YYYY-MM-DD): _____

Child's Information:

First Name	Last Name	Birth Date (YYYY-MM-DD)

Gender	Full Time	Requested Entry Date
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X		

Address (City & Postal Code)	Phone Number	Languages Spoken

My child is receiving/requires extra support from:

- Infant Development
- Supported child development program
- Speech and language pathologist
- Other

Does your child identify as an Aboriginal person of Canada?

- Yes No

Parent/Guardian Information (1):

First Name	Last Name	Relationship to the Child

Are you:	BCIT ID # or Student ID #	Email Address
<input type="checkbox"/> Student <input type="checkbox"/> Staff		

Address (City & Postal Code)	Phone Number	Mobile Number

Parent/Guardian Information (2):

First Name	Last Name	Relationship to the Child

Are you:	BCIT ID # or Student ID #	Email Address
<input type="checkbox"/> Student <input type="checkbox"/> Staff		

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 Child's Name: _____

Please send the waitlist form via email
sallan@bcitsa.ca