Clear Form

Childcare
BCITSA

BCITSA Childcare Centre Waitlist Form

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

Child's Information:

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

Gender	Full Time	Requested Entry Date
☐ Female ☐ Male ☐ 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

SE41 - 3700 Willingdon Avenue, Burnaby, B.C. V5G 3H2 | Phone: 604.451.6877
sallan@bcitsa.ca | www.bcitsa.ca

Parent/Guardian Information (1):

First Name	Last Name	Relationship to the Child

Are you:	BCIT ID # or Student ID #	Email Address
☐ Student ☐ 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
☐ Student ☐ 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