

WAITLIST APPLICATION FORM

Once we have received the completed application form by email, your child will be placed on the waiting list, and we will contact you when space becomes available.

Date of application://yyyy	
Date you wish to enroll your child: $\frac{/}{dd} / \frac{/}{mm} / \frac{/}{yyyy}$	
Child's age at enrollment: Months	
Child's first name: Child's last name:	
Child's gender: Child's Date of Birth:/	/
Language(s) spoken at home:	nin yyyy
Days of attendance: □ Full Time (5 days per week)	
\Box Part Time: (2 – 3 days per week)	
□Mon □Tues □Wed □Thurs □Fri	
Parents'/Guardians' names:	
Address: Postal Code	*
Phone #: Email Address:	
If your child requires any special care, please specify here:	
How did you hear about us?	
* PLACEMENT ON THE WAITLIST DOES NOT GUARANTEE YOUR CHILD A PLACEMENT A	T THE CENTR
Office Use Only	

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