

IC Early Learning Center

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	Requested Entry Date (at least 12 months old)	(Flexible date may get your child in earlier)			
Address (City & Postal Code)		Phone Number		Languages Spoken		

Parent/Guardian Information:

First Name		Last Name		Relationship to the Child	
Email Address					
Address (City & Postal Code)		Phone Number		Mobile Number	
First Name		Last Name		Relationship to the Child	
Email Address					
Address (City & Postal Code)		Phone Number		Mobile Number	

Please send the wait list form via email earlylearning.ic@gmail.com

Preferred location	6336 Royal Oak Ave. <input type="checkbox"/>	4721 Sardis St. <input type="checkbox"/>	5989 Nelson Ave. <input type="checkbox"/>	All ok <input type="checkbox"/>
Preferred program	Half-Day (4.25 hour). <input type="checkbox"/>	Full-Day (7 hours) <input type="checkbox"/>	Both ok, earlier is better <input type="checkbox"/>	

6336 Royal Oak Avenue Burnaby, B.C. V5H 3N7 4721 Sardis Street, Burnaby, B.C. V5H 1L4 604-719-1111 |
 5989 Nelson Ave. Burnaby, British Columbia V5H 3H8

earlylearning.ic@gmail.com
www.icearlylearning.ca