

FIRST STEP WAITLIST



Child's Name: _____ Date of Birth: _____
MM/DD/YY

Male / Female _____

Parents(s) Guardian Name(s): _____

Address: _____

Postal Code _____

(Home) Phone: _____ (Cell) Phone: _____

Email Address: _____

Applying For Waitlist: (Check all that apply) Full Time
 Part Time

Infant / Toddler
 3-5 Years
 Required days _____

Please note a Waitlist Fee of \$50.00 Non-refundable and \$100.00 refundable registration fee will be put towards registration if you are enrolled in the program. When a space opens and your child is eligible, we will contact you and give you 48 hours to respond and sign up before moving on to the next in line. This application does not guarantee your child a space in the program.

Please make your cheque payable to First Step Center Ltd and Send it back with your application to: First Step Center Ltd. #1101 west 26th street, North Vancouver, BC V7R 1A4

For office Use:

Received Date: _____ Fee Paid Entered in waitlist emails

Manager signature _____