

**Beaufort Children's Centre**  
**Wait List Application Form**

Please submit completed form to the Administrator, Beaufort Children's Centre, 2300 Ryan Road, Courtenay, BC V9N 8N6. Forms can also be sent via email to: [admin@beaufortchildcare.ca](mailto:admin@beaufortchildcare.ca). Thank you!

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Please Circle: M      F

Child's Date of Birth: \_\_\_\_\_ turning 18 mo: \_\_\_\_\_

Family Status: NIC Student \_\_\_\_\_ NIC Faculty/Staff \_\_\_\_\_ Sibling at BCC \_\_\_\_\_ Community \_\_\_\_\_

Please note that priority is given to NIC Students and Faculty/Staff.

Desired Start Date: \_\_\_\_\_ Program: Toddler (18 – 36 mo) \_\_\_\_\_ Preschool (30mo-Sch age) \_\_\_\_\_

How did you hear about us? (Please check)

Website \_\_\_\_\_ Friend/Family \_\_\_\_\_ CCRR \_\_\_\_\_ NIC \_\_\_\_\_ Other (please specify) \_\_\_\_\_

Please Circle the Days Requested (minimum two days/week):

M      T      W      Th      F

Are these days flexible? If so, please explain. Would you like to be contacted if other days become available?

\_\_\_\_\_  
\_\_\_\_\_

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Family Contact Information:

Parent/Guardian: \_\_\_\_\_

Phone (home): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (wk/sch) \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (cell) \_\_\_\_\_

E-mail: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone (home): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (wk/sch) \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (cell) \_\_\_\_\_

E-mail: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

**Deposit received** \_\_\_\_\_ **Starting month and scheduled days** \_\_\_\_\_ **Room:** \_\_\_\_\_