



# Irwin Park Tree House WAITLIST Form:

**NAME OF CHILD:**

\_\_\_\_\_ (Surname) \_\_\_\_\_ (Given Names) \_\_\_\_\_ (Also Known As)

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_ GENDER: F\_\_ M\_\_  
MM DD YYYY

**Program you wish to have your child waitlisted in, please check the appropriate box below.**

|  |   |
|--|---|
| AM Preschool<br>(8:50am – 11:50am)                   | M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> |
| AM Preschool <u>with</u> Lunch<br>(8:50am – 12:50pm) | M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> |
| PM Preschool <u>with</u> Lunch<br>(11:50am – 2:50pm) | M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> |

|   |   |
|---|---|
| Extended Preschool<br>(8:50am – 2:50pm) | M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> |
| Before School Care<br>(7:30am – 8:50am) | M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> |
| After School Care<br>(2:50pm – 6:00pm)  | M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> |

Year you wish to start: \_\_\_\_\_

**Contact Information:**

Mother's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

We strive to provide the best care and support to all children at Treehouse by working together with families and other childcare/health professionals. Does your child require extra support in the classroom, language, physical, social, emotional? Please explain below:

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

DATE: \_\_\_\_\_

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