

Irwin Park Tree House <u>WAITLIST</u> Form:

(:	Surname)		
	7	(Given Names)	(Also Known As
DATE OF BIRTH:/ MM DD		GENDER: F M	
Program you wish to have y	your child waitlisted in, p	please check the appropriate	box below.
AM Preschool (8:50am – 11:50am)	M□ T□ W□ Th□ F□	Extended Preschool (8:50am – 2:50pm)	M□ T□ W□ Th□ F□
AM Preschool <u>with</u> Lunch (8:50am – 12:50pm)	M□ T□ W□ Th□ F□	Before School Care (7:30am – 8:50am)	M
PM Preschool <u>with</u> Lunch (11:50am – 2:50pm)	M□ T□ W□ Th□ F□	After School Care (2:50pm – 6:00pm)	M□ T□ W□ Th□ F□
Year you wish to start:			
Mother's Name:		Phone #:	
Email Address:			
-ather'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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