Irwin Park Tree House WAITLIST Form

P: 604.926.4080 E: irwinparktreehouse@gmail.com Web: irwinparktreehouse.com

Name of Child: Surname _____ Given Name: _____

Child's Gender: Male ____ Female ____ Child's Birthdate: Month/Date/Year _____ Child's current Grade: ☐

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

AM Early Years (3-5yrs) (8:50am – 11:50am)	M☐ T☐ W☐ Th☐ F☐
AM Early Years - with Lunch (8:50am – 12:50pm)	M☐ T☐ W☐ Th☐ F☐
Early Years Extended Day (8:50am – 2:50pm)	M☐ T☐ W☐ Th☐ F☐

Before School Care (7:30am – 8:50am)	M☐ T☐ W☐ Th☐ F☐
After School Care (2:50pm – 6:00pm)	M☐ T☐ W☐ Th☐ F☐

Year you wish to start: _____ Grade your Child is entering: ___ Today's Date: _____

Contact Information:

Parent/Guardian Name: _____ Phone #: _____

Email Address: _____ Relationship:(mother/father) _____

Parent/Guardian Name: _____ Phone #: _____

Email Address: _____ Relationship:(mother/father) _____

HEALTH INFORMATION: (BEHAVIOUR / DEVELOPMENTAL)

Families are expected and required to provide complete, accurate, and up-to-date information regarding any factors that may affect their child's care, safety, participation, or support needs. For more information on this, please see our Inclusion Policy in the Parent Handbook.

Does your child have any behavioral or developmental concerns?

Examples may include (but are not limited to): • Developmental delays or diagnoses • Behavioural, emotional, or mental health concerns	• History of aggression, elopement, or safety-related behaviours • Existing support plans or Individual Education Plans (IEPs) • Any other information that may impact the child's participation or safety in the program

☐ YES ☐ NO - If Yes, please provide further information:

Has your child ever received any support or assessment for development or behaviour?

Examples may include (but are not limited to): • Therapy services or specialist involvement	• Supported Child Development (SCD) or Aboriginal Supported Child Development (ASCD) involvement • One-to-one support requirements or recommendations

☐ YES ☐ NO - If Yes, please provide details: