

## **Early Learning Centre**

750 Cottonwood Avenue Kamloops, BC V2B 3X2 **250-376-6900**, Fax 250-376-6904 www.kamcs.org

## **WAITLIST APPLICATION**

pplication date:	_ Childcare Preferred Start Date:	
He	ours of Operation Monday –Friday 7:30am-5:00 pm	
amily Information: arent(s)/Guardian:		
ddress:		
ity/Town:	Postal Code:	
elephone- Home	Cell:	
mail:	<del></del>	
re you a staff member at KCS? Yes (	) No ( ) Do you require subsidy: Yes ( ) No ( )	
hild's Information		
1. Name:	Date of Birth/Due Date:	
Days of the Week Child Care Need	ded MON ( ) TUES ( ) WED ( ) THURS ( ) FRI ( )	
Time of Day Childcare needed (ma	aximum 9 hours) From: to to	
Please include any general comme	ents about your child's health, medical conditions and medications	
		_
2. Name:	Date of Birth/Due Date:	
Days of the Week Child Care Need	ded- MON ( ) TUES ( ) WED ( ) THURS ( ) FRI ( )	
Time of Day Childcare needed (ma	aximum 9 hours) From: to	
Please include any general comme	ents about your child's health, medical conditions and medications	
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Do you have another child enrolle	ed in KCS Early Learning centre or Kamloops Christian School?	

## **Required Registration Information**

Wait lists do not guarantee space. Confirmation of childcare space will be made by the Director.

Upon your acceptance a non-refundable registration fee of \$50 is payable along with a completed Registration package (
Registration Form, copy of Immunization Record, Payment plan and Parent Contract) to book daycare spot. Registration
must be completed to hold your spot.