



Vancouver Bilingual Preschool Society WAITLIST FORM

Child's Name: _____
FIRST LAST

Child's Date of Birth: ____/____/____ Gender: Male / Female
dd mm yyyy (Please circle)

Parent(s)/Guardian Name: _____

Home Phone #: _____ Alternate Phone #: _____

Address: _____

City: _____ Postal Code: _____ Email: _____

Year that you require preschool: _____
(The Preschool Year starts September 1st and runs through to the end of June)

Age Group:

3 Year Old Program _____

4 Year Old Program _____

Siblings Currently Enrolled or on Waitlist: (Note each child on the waitlist require their own form)

1. Name: _____ Child's Date of Birth: ____/____/____
dd mm yyyy

2. Name: _____ Child's Date of Birth: ____/____/____
dd mm yyyy

Waitlist Fee: the Vancouver Bilingual Preschool Society, charges a nonrefundable fee of \$25.00 per child to be placed on the waitlist.

Positioning on the waitlist is by the date received, as children age they are automatically moved to the next age group list, maintaining their waitlist date sequence. Note: The Society makes every effort to place children, being on the waitlist does not guarantee placement. You will only be notified if we are able to offer your child a placement.

Applicant's Signature: _____ Date: ____/____/____
dd mm yyyy

SIGNATURE OF VBPS STAFF MEMBER _____ DATE RECEIVED: _____

249 West 49th Avenue, Vancouver, British Columbia V5Z 2T1 • Tel/Fax: 604-261-1221