

SURREY 9460-140th Street Surrey, BC V3V 5Z4 Tel 604-584-1361 Fax 604-583-5113

DELTA 11405-84th Avenue Delta, BC V4C 2L9 Tel 604-594-0488 Fax 604-594-0585 LANGLEY 102-20641 Logan Avenue Langley, BC V3A 7R3 Tel 604-533-3088 Fax 604-533-3062

www.the-centre.org

THE CENTRE FOR CHILD DEVELOPMENT Childcare Program Application

Fill out, then	drop off, fax (604-583-5113	3) or mail: 9460 140 Stre	et, Surrey, BC	V3V 5Z4		
Childcare Program requested		Under 3 Program 3		3 to 5 Program		
Application	date					
	ays requested ay, Wednesday, Thursday, Friday)					
Child Informa	ation:					
Last Name		First Name				
Birthdate _		Gender (option	nal)			
Guardian Info	ormation:					
Last Name		First Name				
Last Name		First Name				
Address						
Phone 1		Phone 2				
Does your ch	ild require extra support in the	e classroom?		Yes	No	
If yes, has yo	ur child been referred to the S	supported Child Developm	ent Program?	Yes	No	
Childcare staff เ	ise- dates called family, notes:					
1						
2						