



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 Preschool Program Application

Fill out, then drop off, fax (604-583-5113) or mail: 9460 140 Street, Surrey, BC V3V 5Z4

Application date _____

Preschool days requested _____

(2 days = Tuesday, Thursday **OR**

3 days = Monday, Wednesday, Friday) _____

Child Information:

Last Name _____ First Name _____

Birthdate _____ Gender (optional) _____

Guardian Information:

Last Name _____ First Name _____

Last Name _____ First Name _____

Address _____

Phone 1 _____ Phone 2 _____

Does your child require extra support in the classroom?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If yes, has your child been referred to the Supported Child Development Program?

Childcare staff use- dates called family, notes:

1. _____
2. _____
3. _____