



Waitlist Form
elkfordchildcarecentre@gmail.com
(250)433-7897

Name of Child(ren): _____

Date(s) of Birth: _____

Parents Names: _____

Phone Number: _____

Email: _____

Requested Start Date: _____

Requested Drop Off & Pick Up Times: _____

Type of Care Requested:

Full-Time Group Childcare 10 - 36 months _____

Full-Time Group Childcare 36 months to school age _____

Date Received By Elkford Childcare Centre: _____