

Date: _____

**Birchland Tree House Play Care
Waitlist Form**

Child Information

Name: _____ DOB _____
Name: _____ DOB _____
Name: _____ DOB _____

Parent Information

Name: _____ Phone # _____
E-mail _____

Extra Information

Do you have any Siblings (name) _____
Does your child have any special challenges or require an aid? _____
Referral from current or previous family? **Y or N** If yes, name of family _____
How did you hear about us? _____
Preferred Start Date _____ Would take an earlier start date **Y or N**

Full Time or Part Time (M/T/W/TH/F)

Program Attending **Preschool 3-5 Group OOS I/T Group**
School Attending **Birchland/Blakeburn/Irvine/Minnikhada**

Office Only

Contact Date	Contacted By	Details
_____	_____	_____
_____	_____	_____