



Early Learning Centre

750 Cottonwood Avenue
Kamloops, BC V2B 3X2
250-376-6900, Fax 250-376-6904
www.kamcs.org

WAITLIST APPLICATION

Application date: _____ Childcare Preferred Start Date: _____

Hours of Operation Monday –Friday 7:30am-5:00 pm

Family Information:

Parent(s)/Guardian: _____

Address: _____

City/Town: _____ Postal Code: _____

Telephone- Home _____ Cell: _____

Email: _____

Are you a staff member at KCS? Yes () No () Do you require subsidy: Yes () No ()

Child's Information

1. Name: _____ Date of Birth/Due Date: _____

Days of the Week Child Care Needed MON () TUES () WED () THURS () FRI ()

Time of Day Childcare needed (maximum 9 hours) From: _____ to _____

Please include any general comments about your child's health, medical conditions and medications

2. Name: _____ Date of Birth/Due Date: _____

Days of the Week Child Care Needed- MON () TUES () WED () THURS () FRI ()

Time of Day Childcare needed (maximum 9 hours) From: _____ to _____

Please include any general comments about your child's health, medical conditions and medications

Do you have another child enrolled in KCS Early Learning centre or Kamloops Christian School?

Yes () No () Name: _____

Required Registration Information

Wait lists do not guarantee space. Confirmation of childcare space will be made by the Director. Upon your acceptance a non-refundable registration fee of \$50 is payable along with a completed Registration package (Registration Form, copy of Immunization Record, Payment plan and Parent Contract) to book daycare spot. **Registration must be completed to hold your spot.**