



WAITLIST APPLICATION

Childcare • Junior Kindergarten • Montessori • Preschool • Out of School Care

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

Application date: _____

Childcare Preferred Start Date: _____

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 Information:

1. Name: _____ Date of Birth: _____

Days of the Week Child Care Needed: PLEASE TICK OFF DAYS NEEDED

MON (☐) TUES (☐) WED (☐) THURS (☐) FRI (☐)

Special Schedule Request: _____

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

2. Name: _____ Date of Birth: _____

Days of the Week Child Care Needed: PLEASE TICK OFF DAYS NEEDED

MON (☐) TUES (☐) WED (☐) THURS (☐) FRI (☐)

Special Schedule Request: _____

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

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

Yes (☐) No (☐) Name: _____

Required Registration Information

- 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.