



Starfish child center
1657 Philip Ave, North
Vancouver, BC, V7P2V9
Tel: (604) 500 3049

Starfish Waitlist

Child's Name: _____ Date of Birth: _____

MM/DD/YY

Male / Female _____

Parents(s) Guardian Name(s): _____

Address: _____

Postal Code _____

(Home) Phone: _____ (Cell) Phone: _____

Email Address: _____

Anticipate Start: _____

Applying For Waitlist: (Check all that apply)

☐ Full Time

☐ Part Time

☐ Infant / Toddler

☐ 3-5 Years

☐ 1-3 YEARS

☐ Required days _____

When a space opens and your child is eligible, we will contact you and give you 48 hours to respond and sign up before moving on to the next in line. This application does not guarantee your child a space in the program.

For office Use:

☐ Received Date: _____ ☐ Entered in waitlist emails

Manager signature _____