Little Paws Children's Centre
140 Outma Sqilx'w Place
Penticton, BC, V2A 0E3
Phone: 250-492-2324



Waitlist Form

TODAYS DATE:_____

CHILD'S INFORMATION

First Name:_____Last Name:_____

Band Affiliation:_____ Status: Yes_____No_____ Status #:_____

Date of Birth:_____ Preferred Start Date:_____

Days Attending: Mon____ Tues____ Wed____ Thurs____ Fri____ Full Day:____ or Half Day: ____

Do you have or will you be applying for Affordable Childcare (Subsidy)? Yes_____ No_____

PARENT/GUARDIAN INFORMATION

Parent/Guardian's Name:_____ Relationship to Child:_____

Band Affiliation:_____ Status: Yes_____No_____ Status #:_____

Mailing Address:_____Physical Address (if different):_____

City:_____ Province:_____ Postal Code: _____

Phone:_____ Cell Phone:_____

Email:_____

****In the event that you are able to find child care space elsewhere, please contact us to remove your child from the waitlist.**

Email completed waitlist form to lpwaitlist@pib.ca