

BACI CHILDREN'S SERVICES  
**CHILD CARE APPLICATION**  
(UNDER 3 & 3 -5 YEARS)

Fair Haven Children's Centre - 4375 Rumble St., Burnaby, BC V5J 3V6 Phone: 604-437-0171

Variety Hotelier Children's Centre - 7200 Cariboo Rd., Burnaby, BC V3N 4A7 Phone: 604-544-1355

Name of Child: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
Month/Day/Year

Parent or Guardian Name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Childcare Service will be needed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours of Childcare needed: \_\_\_\_ a.m. \_\_\_\_ p.m.  
Month Day Year

Please indicate by **circling** the following:

**Full-time** or **Part-time 3 days per week** or **Part-time 2 days per week**

**Infant and Toddler Program** or **Three to Five Program**  
(Birth to 3 years) (3 - 5 years)

Does your child require a special needs placement? \_\_\_\_\_

If so, is your family in contact with the Supported Child Development Program? \_\_\_\_\_

Any additional comments: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**FOR OFFICE USE ONLY:**  
Date of Receipt at the Center: \_\_\_\_\_ Signature of Supervisor: \_\_\_\_\_  
Month/Day/Year