Happyland Early Learning Centre

Wait-list Application Form

Email: happylandlearningcentre@gmail.com

https://happylandlearningcentre.ca

Ph:778-995-6997

Child's Name:_____D.O.B_____
First name Last name

Home address: _____
street city postal code

Parent(s)Guardian(s)Name:_____ Parent(s)Guardian(s)Name:_____

Cell phone: _____ Cell phone:_____

Email address:_____ Email address: _____

Home phone number:_____

Preferred Start Date Year:_____Month:_____Date: _____

Are you requesting Full-time child care? □ yes, I am requesting Full-time child care- 5 days/week

□ Part- time, please select the days that you require □ Mon □Tue □Wed □Thru □ Fri □ Sat □ Sun

Do you need subsidy? □ yes □ No

□ Sportsplex:20165 91A Ave Langley BC V1M 3A2

□ Cineplex: 20090 91A Ave Langley BC V1M 3Y9

□ Fraser Height:10852 161B ST Surrey BC V4N 1P1

Additional requirement: _____

Signature: _____ Date: _____

Please return the form by email or in person to our centre.