



## Pemberton Children's Center – Program Information Form

**Fax: 604.894.1680**

Name of Parent(s): \_\_\_\_\_ \*

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_

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

Phone number: (\_\_\_\_\_) \_\_\_\_\_ \*

Email address: \_\_\_\_\_ \*

Name: \_\_\_\_\_

Date of Birth: (Year, Month, Day) \_\_\_\_\_

Gender (male or female): \_\_\_\_\_

Requested Start Date: \_\_\_\_\_

Days required: \_\_\_\_\_

\* = *required field*

### Program interests:

- Infant Care (Crickets)  
11 - 18 months, full day or half day
- Toddler Care (Beetle Bugs)  
18 months - 36 months, full day or half day
- Preschool (Dragonflies)  
30 months - kindergarten, full day or half day

### Parents, please check any Board Positions that you may be interested in:

- Fundraising
- Committee member
- Operations
- Cleaning
- Finance
- Communication
- Board of Directors