



go ahead, dream big

**G.R. Pearkes Child Care  
Waitlist Request**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

When do you hope to start attending? \_\_\_\_\_

Please indicate hours required: \_\_\_\_\_ to \_\_\_\_\_ (this helps us when planning staffing and classroom placements)

Part time care may be possible – preferred days: M\_\_\_\_ T\_\_\_\_ W\_\_\_\_ Th\_\_\_\_ F\_\_\_\_

Does your child have any health concerns, developmental delay or disability that may require additional support? Please briefly explain:

\_\_\_\_\_

Parent/Guardian Contact:

Parent 1: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you an Island Health or PHSA employee? Yes\_\_\_\_ No\_\_\_\_

Parent 2: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you an Island Health or PHSA employee? Yes\_\_\_\_ No\_\_\_\_

Please note: We currently offer a program for children 30 months to 5 years old.

Island Health families are prioritized with inclusion spaces held for children with developmental delays or disability in their year before kindergarten eligibility.

We close for a Winter and Spring Break. Our program does not operate in August. Fees are due for 11 months of the year and are prorated.

**For Office Use Only**

Date Received:

**Family Friends Fitness Function Fun Future**

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