



WAITLIST APPLICATION FORM

Dear Parents:

The Daycare will be registering children as space becomes available and in accordance with our Wait List Policy. The waiting list is prioritized according to the completion and receipt of this form. This will also let us know exactly what your needs are for your child. Please complete this form and return it to the day care as soon as possible, to get your child on the waiting list.

CHILD'S NAME _____

PLEASE PRINT

BIRTHDATE ____/____/____
D M Y

PROGRAM:

Toddler (18 months – 2.5 years) _____

Preschool (2.5 years – 4 years) _____

Kindergarten (JK) _____ (SK) _____

School Age (Grades 1-6) _____

Parent/Guardian #1

NAME _____

WK. PH# _____ HM.PH# _____

ADDRESS _____

EMAIL ADDRESS: _____

Parent/Guardian #2

NAME _____

WK. PH# _____ HM.PH# _____

ADDRESS _____

EMAIL ADDRESS: _____

START DATE REQUESTED: _____

FOR OFFICE USE ONLY:

DATE RECEIVED: _____

POST DATED CHEQUE: _____ REGISTRATION PACKAGE: _____

DATE SPOT OFFERED: _____ START DATE: _____