

WAITLIST FORM FOR CHILDCARE

Date: _____

Referred by : _____

Child Information

First Name: _____ Last Name: _____

Birth Date: _____ Child's Gender: Male Female

Address: _____ Apt./Suite No.: _____

City: _____ Province: _____ Postal Code: _____

Home Phone : _____ Email: _____

Parent/Guardian Information

Mother's Name: _____ Father's Name: _____

Home Phone # : _____ Home Phone # : _____

Bus. Phone # : _____ Bus. Phone # : _____

Email: _____ Email: _____

Desired Enrollment Date: _____

Days of Interest (circle all that apply):

Monday Tuesday Wednesday Thursday Friday

Full Day OR Half Day

(Ages 4-12 only)

Does your child attend school? Which one?

Please indicate care required

Would you like to book a tour at this time? Please suggest some dates that would work for you and we can get back to you with confirmation...if you already have a tour date booked please disregard.

Additional Notes:

