

Wait List Application Form

Child Information

Child's Name:

First

Last

Date of Birth:

(mm/dd/year) _____ / _____ / _____

Applicant Information

Parent's Name:

First

Last

Address

City

Postal Code

Contact Number:

Email Address:

Request for Care

Full Time

Monday - Friday

Part Time (Please select days)

Monday

Tuesday

Wednesday

Thursday

Friday

Program Requested:

Toddler

Preschool

EDL (JK/SK)

School Age

Desired Start Date:

Will you be seeking fee assistance through Subsidy?

Yes

No

Unsure

FOR OFFICE USE ONLY:

Application Received On: _____

Received By: _____

Status Last Reviewed: _____

Notes: _____
