

Waiting List Applicant Information

Please complete all sections: regretfully we do not accept applications prior to a child's birth

Child's Full Name			
	Last	First & middle	Today's Date
Date of Birth (dd/mm/yyyy)			
Address			
	Street Address		
	City	Province	Postal Code
Parent emails			
Parent name			Phone #
Parent name			Phone #
SIBLINGS			
<i>Please list any children currently/previously in our programs</i>	1.	Age & location	
	2.	Age & location	
	3.	Age & location	
Preferred Start Date(s)			
list all the dates you'd be willing to accept a space.			
Would you like to remain on the list if space for your preferred date is unavailable?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Care Requested

Type of Care (check)	Full Time (M-F) <input type="checkbox"/>	Part Time MWF <input type="checkbox"/> OR TTH <input type="checkbox"/>
Program requested	Infant FULL TIME ONLY <input type="checkbox"/> toddler <input type="checkbox"/> preschool <input type="checkbox"/> school age <input type="checkbox"/>	
Location requested	Westwood (infant/toddlers/preschool) <input type="checkbox"/> French Village (preschool/school age) <input type="checkbox"/> Wyndham(toddlers/preschool) <input type="checkbox"/> St Nicholas (school age) <input type="checkbox"/>	
Flexibility Please (circle)	This schedule is not flexible This schedule is somewhat flexible	This schedule is very flexible

Please list any important information about your child including; **special needs, chronic conditions or allergies**