



WAITLIST APPLICATION

Application Date: _____ Ideal start date: _____

2 days _____ 3 days _____ 5 days _____

Child's Name: _____

Date of Birth: _____ Gender: _____

Parent/Guardian 1 name: _____

Parent/Guardian 2 name: _____

Phone Number: _____

Email: _____

Preferred method of contact: _____

Once you have submitted this form, your child will be added to our waitlist. Your application will be processed in the order it is received. You will be notified as soon as a space becomes available. We fill our spaces from the waitlist throughout the year. Your child will remain on the waitlist until you decline a space or your child ages out of our program.

Parent/Guardian Signature

Date

For staff use only: Date Received _____

Signature _____