



Waiting List Form

Today's DATE: ____/____/202__ (DD/MMM/YYYY)

DATE YOU WANT YOUR CHILD TO START AT DAYCARE: ____/____/202__ (DD/MMM/YYYY)

WILL YOU BE QUALIFIED FOR SUBSIDY? YES OR NO

CHILD'S FIRST NAME: _____ CHILD'S LAST NAME: _____

DATE OF BIRTH (DD-MONTH-YEAR): ____/____/20____ SEX: MALE / FEMALE

AGE AT DATE OF CARE COMMENCEMENT: _____ YEAR - _____ MONTHS

LOCATION OF ENROLLMENT: BEDDINGTON _____ EDMONTON TRAIL _____

DAYS OF CHILD CARE: FULL TIME:

PART TIME DAYS OF CHILD CARE: Monday Tuesday Wednesday Thursday Friday

ENROLLMENT FEE \$150 Paid: YES NO (Fee is refundable in case we are unable to give spot)

CHILD'S HOME ADDRESS: _____

MOTHER'S NAME: _____ OCCUPATION: _____

HOME ADDRESS: _____

POSTAL CODE: _____

HOME PHONE: _____ WORK PHONE: _____

CELL: _____ Email _____

FATHER'S NAME: _____ OCCUPATION: _____

HOME ADDRESS: _____

POSTAL CODE: _____

HOME PHONE: _____ WORK PHONE: _____

CELL: _____ Email: _____

Note: Little Scholars Daycare collects and store information in accordance with freedom of information and privacy (FOIP) standards