BLOORCOURT VILLAGE EARLY LEARNING CENTRE

WAITING LIST FORM

TODAY'S DATE: _____

CHILD'S NAME: _____

DATE OF BIRTH: _____(D/M/Y)

MALE _____ FEMALE _____

INTERESTED IN: INFANT _____TODDLER _____

PRESCHOOL _____ SCHOOLAGE _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

_____

_____

TELEPHONE: HOME: _____ WORK: _____

CELL: _____

SIBLINGS AT DAYCARE: YES OR NO

HOME SCHOOL: _____

WHEN IS DAYCARE NEEDED: _____

FEES: FULL FEE _____ SUBSIDY _____

COMMENTS OR INQUIRIES: _____

_____

FOR OFFICE USE ONLY: