

# Waitlist Form

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

## Program Information

### Toddler Program

- ☐ Early Morning Drop Off (07:45 am)
- ☐ Half Day Program (09:00 am – 12:00 pm)
- ☐ Extended Day Program (09:00 am – 02:30 pm)
- ☐ Full Day Program (09:00 am – 4:00 pm)    ☐ Extended 05:00 pm or 06:00 pm

### Preschool Program

- ☐ Early Morning Drop Off (07:45 am)
- ☐ Half Day Program (09:00 am – 12:00 pm)
- ☐ Extended Day Program (09:00 am – 02:30 pm)
- ☐ Full Day Program (09:00 am – 4:00 pm)    ☐ Extended 05:00 pm or 06:00 pm

### Afterschool Program

- ☐ Early Morning Drop Off (07:45 am)
- ☐ Chester Elementary School                      ☐ Frankland Community School
- ☐ Holy Name Catholic School                      ☐ Jackman Avenue Public School
- ☐ Other (school bus drop off) \_\_\_\_\_