



WAITLIST APPLICATION

Child Information

Child First Name _____ Last Name _____

Date of Birth (DD/MM/YYYY) _____ Age _____ Sex _____

Parent/Guardian Information

PARENT #1

PARENT #2

First Name _____

Last Name _____

Address _____

City _____

Postal Code _____

Phone _____

Cell Phone _____

Email _____

Work/School Location _____

Work Phone _____

Are you? Student CUPE 3903 Staff Student CUPE 3903 Staff
 Faculty Other _____ Faculty Other _____

With which parent does the child reside? _____

Anticipated Start Date _____



WAITLIST APPLICATION

Anticipated Schedule

TIME	MON	TUES	WED	THURS	FRI
8:00 - 12:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:00 - 1:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10:30 - 3:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:30 - 5:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1:30 - 5:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FULL TIME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special needs/ fears/ allergies/ dietary restrictions? _____

Present childcare arrangements _____

How did you learn about us? Flyer Facebook Ads Friend Walk in Other

Staff Signature Date

Parent Signature Date

For more information on childcare check the website www.yorkchildcare.ca