Waitlist Form

Child's Name: _____ DOB: _____

First Middle Surname dd/mm/yyyy

Gender: M _____ F _____

LEGAL GUARDIAN(S)

Name: _____ Relationship: _____

Phone: (home) _____(work) _____ (cell/pager) _____

E-Mail Address: _____

Name: _____ Relationship: _____

Phone: (home) _____ (work) _____ (cell/pager) _____

E-Mail Address: _____

Child born in: ☐ 2015 ☐ 2016 ☐ 2017

Please check your class preference, minimum of 2 sessions per week:

Program	Days	Time
Full Program	☐ Monday /Tuesday/Wednesday/Thursday/Friday	9:00am - 3:30pm
Morning	☐ Monday /Wednesday/Friday ☐ Tues/Thursday	9:00am – 12:30pm
Full Day	☐ Monday /Wednesday/Friday ☐ Tuesday/Thursday	9:00am – 3:30pm

Payment Schedule:

Program	Cost
☐ **Full Program: M-F (9:00am to 3:30pm)**	$800.00 per month
☐ **M/W/F AM only (9:00am - 12:30pm)**	$310.00 per month
☐ **T/TH AM only (9:00am-12:30 pm)**	$205.00 per month
☐ **M/W/F full day (9:00am-3:30pm)**	$525.00 per month
☐ **T/TH full day (9:00am-3:30pm)**	$380.00 per month