

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: 2019 2020 2021

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

Program	Days	Time
Full Program	<input type="checkbox"/> Monday /Tuesday/Wednesday/Thursday/Friday	9:00am - 3:30pm
Morning	<input type="checkbox"/> Monday /Wednesday/Friday	9:00am – 12:30pm
	<input type="checkbox"/> Tues/Thursday	
Full Day	<input type="checkbox"/> Monday /Wednesday/Friday	9:00am – 3:30pm
	<input type="checkbox"/> Tuesday/Thursday	