



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: ☐ 2022 ☐ 2023 ☐ 2024

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