WORKSIDE

Early Childhood Education Centre

WAITING LIST FORM

CHILD'S NAME: _____ _____
LAST FIRST

BIRTHDATE: _____

HOME ADDRESS: _____

HOME TELEPHONE: _____

PARENT'S NAME: _____

BUSINESS NAME AND ADDRESS: _____

_____

BUSINESS TELEPHONE NUMBER: _____

PARENT'S NAME: _____

BUSINESS NAME AND ADDRESS: _____

_____

BUSINESS TELEPHONE NUMBER: _____

DAYS OF CARE REQUIRED: _____

DESIRED STARTING DATE: _____

NOTE: A $25.00 NON-REFUNDABLE REGISTRATION FORM MUST ACCOMPANY THIS FORM.