

Waitlist Form

Child's Information

*Name(s): _____ *Child's Date of Birth: _____

Sex: Male / Female

Does your child require additional support: YES / NO

If yes, please describe: _____

Has your child attended childcare before: YES / NO Location: _____

Main language spoken in the home: _____

Parent Contact Information

*Parent 1 Name: _____ *Parent 1 Home No: _____

*Parent 1 Cell No: _____ Parent 1 Email: _____

Parent 1 Address: _____

Parent 2 Name: _____ Parent 2 Home No. (if different): _____

Parent 2 Cell No: _____ Parent 2 Email: _____

Parent 2 Address (if different): _____

General Information

Program you wish to be added to waitlist for and desired attendance. *Desired start date: _____

*School Age, Kindergarten-Grade7 a.m. / p.m. / a.m. & p.m. days M / T / W / TH / F _____

*Preschool, 3 to 5 years 2 days (T/Th) / 3 days (M/W/F) / 5 days (M-F)

*Occasional Care, 18months to 3 years 1 day, 2 days, 3 days (max 40hrs)

How did you hear about us: Website Another member Walk by Other: _____

Additional Comments: _____

Items marked with () must be completed.

This waitlist application form simply indicates your interest in registering your child at TOOSCS Preschool and occasional Care. When a space in the programs become available, the applicant will be contacted to register their child with appropriate registration forms. Positioning on the waitlist is by the date received. Please note: The Society makes every effort to place children, being on the waitlist does not guarantee placement.

Thank you for your interest in TOOSCS.

Centre Manager: Candice Sharpe

manager@tooscs.org

(604) 732-8220

Admin / Bookkeeper: Theresa Page

accounts@tooscs.org

(604) 732-8220

OFFICE USE ONLY

Application date received: _____

Data Entered: _____

Position offered: _____

Comment: _____