



101 KIPPENDAVIE AVENUE
TORONTO, ONTARIO
M4L 3R3
416 698-6226

APPLICATION FOR WAITING LIST

CHILD'S NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

PARENT INFORMATION:

NAME: _____

NAME: _____

ADDRESS: _____

PHONE: BUSINESS: _____

RESIDENCE: _____

CELL: _____

E-MAIL ADDRESSES: _____

PRESCHOOL F/T ____ P/T/ NURSERY ____ KG B & A ____ SCHOOL AGE ____

In the case of preschool aged children, please check Preschool Full-time and/or Part-time Nursery program

SIGNED: _____ **WITNESSED:** _____

DATED: _____

DATE RECEIVED: _____ **SIGNED BY:** _____

OFFICE USE ONLY

INFORMATION UPDATE:

DATE: _____ **STATUS:** _____

DATE: _____ **STATUS:** _____

DATE: _____ **STATUS:** _____

DATE: _____ **STATUS:** _____

DATE: _____ **STATUS:** _____