



## WAITLIST APPLICATION

Phone: (902)679-7384 Email: kellyann.hamshaw@nsc.ca FAX: (902)679-4383

**CHILD** \_\_\_\_\_ **DATE OF BIRTH (DOB)** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 First Name Last Name (or expected date) month/day/year Sex

**PARENT/GUARDIAN #1** \_\_\_\_\_  
 First Name Last Name Relation to Child

**PARENT/GUARDIAN #2** \_\_\_\_\_  
 First Name Last Name Relation to Child

**ADDRESS OF CHILD** \_\_\_\_\_  
 Street Number & Name City, Province & Postal Code

**PHONE** \_\_\_\_\_  
 Home # Second Home #  
 \_\_\_\_\_  
 Work # Second Work #  
 \_\_\_\_\_  
 Cell # Second Cell #

**PREFERRED START DATE** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 month/day/year

<b>OFFICE USE ONLY</b>
_____ Date and Initial

**Note:** Your child will automatically be moved to the waitlist for the next age group as he/she ages

**ANOTHER CHILD ON WAITLIST** Y / N IF YES, NAMES & DOB: \_\_\_\_\_  
**STAFF/STUDENT AT NSCC** Y / N IF YES, CLASSROOM: \_\_\_\_\_  
**CHILD'S SPECIAL NEEDS/ALLERGIES** Y / N IF YES, SPECIFY: \_\_\_\_\_  
**PREVIOUS CHILDCARE** Y / N IF YES, CENTER: \_\_\_\_\_  
**DO YOU REQUIRE GOVERNMENT SUBSIDY** Y / N

IF YES, YOU SHOULD CONTACT THE SUBSIDY PROGRAM AT THE DEPT OF EDUCATION AND EARLY CHILDHOOD DEVELOPMENT (902) 678-5108 TO BE PLACED ON THE PORTABLE SUBSIDY WAITLIST.

**PLEASE BE ADVISED THAT IT IS YOUR RESPONSIBILITY TO NOTIFY US OF ANY CHANGES TO YOUR APPLICATION. YOU WILL BE REMOVED FROM THE WAITLIST IF WE ARE UNABLE TO CONTACT YOU USING THE ABOVE CONTACT INFORMATION.**

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

