



WAITLIST APPLICATION

Phone: (902)679-7384 Email: executive.director@thekclc.ca

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

OFFICE USE ONLY
_____ 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

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** _____

