



WAITLIST APPLICATION

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

CHILD _____
First Name Last Name **DATE OF BIRTH (DOB)** _____ / ____ / ____
(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

CONTACT INFO _____
Home # Second Home #
_____ Second Cell #
Cell # _____
Email Address Second Email Address

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: _____
KINGSTEC STAFF/STUDENT Y / N IF YES, PROGRAM: _____ STUDENT YEAR OF STUDY: _____
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 _____

