<u>Tiny Bubbles</u> Childcare Waitlist Application

Name of Child:		Date of Birth:	
Preferred date to s	tart:	Age at that time:	
Parents Names:			_
Home Phone Num	ber:		
Alternate Phone N	umber:		
Email Address:			
Home Address:			
Early Learning	<u>g Centre on</u>	<u>ily</u> :	
Full Time:		Part Time: Mon/Wed/Fri	Tues/Thurs
<u>School Age P</u>	rogram onl	Y :	
Before:	After:	Before and After:	
		aitlist once a completed form is returned plication form will be dated once both the	
number of children of this form and comple guaranteed enrollme	n the Wait List ar ting the tour you nt into the progra	et family's requests for specific start dates nd space limitations, start dates cannot b have secured your child's name on the N am. If a space becomes available that me obles, you will be contacted.	e guaranteed. By submitting Vait List but have not
When a space becor The fee is non-refund		arents submit the registration fee to hold t	he space.
Parents signature	:	Date:	
Program Supervis	sor Signature:	Dat	te:
	A copy of this	completed form will be provided to the pa	irent.

Office use only:	
Enrollment Start Date:	Withdrawal Date: