

HARMONY CHILDCARE CENTRE

WAIT LIST FORM – one form per child

Please fax this form to 416-656-0448 or email to harmonycc@on.aibn.com – it will be filed on the day we receive it and you will be on our wait list as of this date.

We will contact you when an appropriate space is available. Refusal of a particular spot in the program does not jeopardize your position on the Wait List. When the next spot opens, we will call you again. Please feel free to call to check on your status on the Wait List and / or get our best predictions for future openings. Please let us know if you find alternate care and would like your name removed from our list. Thank you.

| REQUIRED INFORMATION: | PLEASE PRINT: |
|---|---------------|
| Date received by Harmony: (this is the date of placement on our Wait List) | |
| Date this form was filled out: | |
| Parent's Last Name: | |
| Parent's First Name: | |
| Address: include City, Province, Postal Code | |
| Phone Number: Distinguish whether home, cell or work (please call to update if this info changes) | |
| Email: | |
| Child's Last Name: | |
| Child's First Name: | |
| Child's D.O.B. (month, day, year) | |
| Desired Enrollment Date (month, day, year) (not guaranteed, depends on space availability) | |
| Days Needed: M T W TH F (Pre-S, min of 3 days) <u>PRE-SCHOOL OPTIONS:</u> ½ day (7:15 a.m. to 12:45 p.m.) Full-Day (7:15 a.m. to 6:15 p.m.) | |
| <u>JK/SK and SCHOOL-AGE OPTIONS:</u> Before & After, Before School, After School (indicate if you'd like the lunch option) | |
| Additional Comments: | |