



Waitlist Form

Date of Application:	# of Spots Needed:
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Child #1 Information

Child's Legal Name:

Surname:	First:	Middle Initial:
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Name Used (if different from legal name):

Birthdate: mm dd yyyy	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not specified	Canadian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Age Group: Infants (8 weeks-17 months) Toddlers (18 -29 months) Preschool (30 months – 5 years old)
 Kindergarten (attending ½ days or alternate days at a kindergarten program) School-Age (6-10 years old)

Ideal Start Date for Child:	Are you flexible with the start date? No Yes Please indicate the earliest month you can start:
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Parent/Guardian Contact Information

Contact#1

Surname First Name

Email:

Main Phone: Cell Phone Home Phone Work Phone

Second Phone: Cell Phone Home Phone Work Phone

Contact#2

Surname First Name

Email:

Main Phone: Cell Phone Home Phone Work Phone

Second Phone: Cell Phone Home Phone Work Phone

Reference Information

Is this the child's first time in childcare? Yes How did you hear about the daycare? _____

No Name of other child care centres? _____

What was the reason for leaving: _____

Explain why did you choose Regina Eastview Daycare (ie location, close to work, program/curriculum of choice, etc.) ?

Child Background Information

Is your child toilet trained? Yes No N/A

Does your child separate easily? Yes No N/A

Does your child have any dietary restrictions? No Yes _____

Does your child have any allergies? No Yes _____

Please describe how your child plays (ie. with others, by himself) _____

Has your child been receiving any therapy at Wascana Rehab. Centre? Yes No Child & Youth Services? Yes No

Is there additional information about your child's health and development history that we should know that you would like to share or have concerns about? Provide explanation. _____

Is there any additional information about your family that you feel your child's educator or childcare centre should know (ie. Custody, medical, etc.)? _____

Please submit your waitlist form to reginaeastviewdaycare@sasktel.net

FOR OFFICE USE ONLY

Date Receiving Application:

Phone/Zoom interview scheduled for:

Walkthrough scheduled for :

Signature of person verifying info:
