

LEASIDE DAYCARE WAITING LIST APPLICATION

Date of Application: _____

Child's Name: _____

Date of Birth: _____

Parents Name: _____

Address: _____

Postal Code: _____

Home Phone: _____

Mothers Work #: _____

Fathers Work #: _____

email address: _____

email address: _____

Siblings: _____

Daycare Needed By: _____

Full time care: _____ **Part time** _____

Parents Signature: _____

Supervisor or Staff Signature: _____

FOR OFFICE USE ONLY

Registration: \$ _____

Deposit Received: \$ _____

Membership and registration fees are non-refundable.

Signature: _____

Witness: _____