

A Bright Beginning Child Care Early Years Waitlist Form

Requested Start Date: Start date (office use) _____	Date of Birth Age
Child's Name:	Child's Primary address
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Siblings	_____ Health Care # (Required): Prov.

Hours of Care Needed:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Regular Part Time <i>Schedule will be required monthly</i>			
	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off Time					
Pick-Up Time					

Parent or Legal Guardian Information	
Mother (or Guardian 1) Information	Father (or Guardian 2) Information
Name:	Name:
Home Address:	Home Address:
Postal Code	Postal code
Cell Phone:	Cell Phone:
Place of Employment:	Place of Employment:
Email Address:	Email Address:
Work Number:	Work Number:

Emergency Contact	Health
Name:	Allergies or special Dietary needs <input type="checkbox"/> no <input type="checkbox"/> yes give brief description
Relationship:	
Address(required):	Health issues or conditions <input type="checkbox"/> no <input type="checkbox"/> yes give brief description
Cell Number:	
Name:	Family Doctor/Clinic Phone number
Cell Phone Number:	Immunized <input type="checkbox"/> Yes <input type="checkbox"/> No

Any other information

FOIP Statement
Information gathered is used sole for the purpose of the Centre and it's staff, to place the child at the Centre

It is the parent's responsibility to periodically contact the Centre to insure that child's name remains on the wait list. Please call actively to update information on hours of care needed and changes to contact information. Your contact dates will be recorded. In the event that there is no contacts made for 3 months child's name will be removed from the wait list. Call actively if this Centre is for you. Thank you.

Signature of Parent or Guardian:	Date:
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