

A BRIGHT BEGINNING SCHOOL AGE PROGRAM

Waitlist Form

Child's Name:	Age:
Date of Birth:	Child's Primary address:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Is there a sibling of your child currently attending A Bright Beginning Childcare? <input type="checkbox"/> Yes <input type="checkbox"/> No

School attending	Teacher	Grade

Parent or Legal Guardian Information	
Mother (or Guardian 1) Information	Father (or Guardian 2) Information
Name:	Name:
Home Address/land location #	Home Address/land location#
Postal Code:	Postal code:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Place of Employment:	Place of Employment:
Email:	Email:
Any other information	

FOIP Statement
Information gathered is used sole for the purpose of the Centre and its staff, to place the child at the Centre.

Parent Signature: _____

Date: _____