

Waitlist Registration Form Queen's Park

Child's Name: _____ Date of Birthday: _____

Parent's Name: _____

Address: _____

Email: _____ Phone: _____

Start Date: _____

Do any of the child's siblings currently attend our center? Yes No

Care needed? Before & After School After Only Before Only

Spring Break Camp Summer Camp

Days Attending: (Please check appropriate boxes)

Full time (Monday to Friday)

3 times per week (Mon/Wed/Fri)

2 times per week (Tues/Thurs)

Other: _____

Parent's signature

Date