Waitlist Registration Form Yorkton

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? ☐ Daycare 7:45am-5pm ☐ Jr Kindergarten 9am-3pm

☐ Multi-Age 8am-4:30

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