



*Kids Connection Uplands* Waitlist Registration Form

Child's Name: \_\_\_\_\_ Date of Birthday: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_

Do you require subsidy?  Yes  No

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

Care needed?  Before & After School  After only  Before only

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: \_\_\_\_\_

Non-refundable deposit of \$50 was given and will be used towards registration fee when care is provided.

\_\_\_\_\_

Parent's signature

\_\_\_\_\_

Date