Forest View Early Learning Society – Wait list Application

Child's Name _____

Birthday _____ / _____ / _____

Month Day Year

Gender _____

Parent(s)/ Guardian Name _____

_____

Address _____

Phone number (Home) _____

(Cell) _____

Email address _____

What type of care do you require? Full Time / 2 days (T,T) / 3days (M,W,F)

Notes _____

Please note

- A $50 waitlist application (non-refundable) is required to place your child on the waitlist
- The wait list application does not guarantee your child a space in our programs
- Wait list fees are waived for siblings / a form must be completed for each child
- Please pay your wait list application fee by etransfer / password sweetpeas
- Your form will remain on file until your child enters kindergarten

For office use only: Date Receive _____ Wait list fee paid _____