



WAITLIST FORM

Child's Name: _____ Date of Birth: _____

Male / Female

MM/DD/YY

Parent Name(s): _____

Address: _____
Postal Code

Phone: _____ Phone: _____

Email: _____

Email: _____

Applying For Waitlist: (Check all that apply)

- Preschool, present year _____
- Preschool, upcoming September School Years _____
- Summer Camp _____
- Outside Program _____
- Other _____

Waitlist Fee is \$25.00

Non-refundable but will be put towards registration fee if you are accepted into one of our programs.

If a space opens and your child is eligible, we will leave two messages and give you 36 hours to respond and sign up before moving on to the next in line.

Send back with payment to: Extra Steps Learning Centres, 726 West 16 Ave. Vancouver BC V5Z 1S7

Office Use

Received Date: _____ <input type="checkbox"/> Fee Paid	Entered in waitlist emails: <input type="checkbox"/> Yes	Earliest Start Date: Preschool:	Replied Back: 1 st 2 nd
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