



WAITLIST FORM

Child's Name: _____ Date of Birth: _____ MM/DD/YY

Male / Female

Parent Name(s): _____

Address: _____ Postal Code

Phone: _____ Phone: _____

Email: _____

Email: _____

Applying For Waitlist: (Check all that apply)

- Preschool
- Childcare (full day)
- Urban Adventure
- Camps
- 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 send you a message 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 Program

SUBMIT

Office Use			
Received Date: _____ <input type="checkbox"/> Fee Paid	Copy sent to program waitlisted for: <input type="checkbox"/> Yes	Entered in waitlist book by birthdate Year: <input type="checkbox"/> Yes	Replied Back: 1 st 2 nd