



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)

- AM Preschool - 8:30AM-12:00PM
- PM Preschool - 1:00PM-4:30PM

Preferred days/time

Waitlist Fee is \$25.00 payable by e-transfer to info@extrasteps.ca, cash, or cheque made out to Extra Steps Preschool

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

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

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