



# Tender Years Child Care

100 Westney Road South, Building C, Ajax ON L1S 7H3•  
Tel: (905) 686-6224 Fax: (000) 000-0000.  
Email: info@tenderyearschildcare.ca

## WAITING LIST FORM

Please fill the form below to put your child(ren) on our waiting list. A member of the Administrative group will contact you regarding your proposed date and to answer any question(s) you may have. You can return the form to us using either email or our drop-box (Located outside Building C at Ajax- Go Train Station)

In which Program are you interested in putting your child(ren)?

Infant  Toddler  Preschool  Nursery  JK  SK  School Age Program

When do you require care for your child(ren)? Year: \_\_\_\_\_ Month: \_\_\_\_\_

### Child's Information

Family Name:  First Name:

Name to be Used:  Sex:  Male  Female

Address:  Apt.:

City:  Postal Code:

Date of Birth: Day   Month   Year   Present Age:

### Parent or Guardian Information

Mother's Name:

Father's Name:

Home Address:

Home Address:

Email :

Email:

Name of Employer/Business:

Name of Employer/Business:

Business Address:

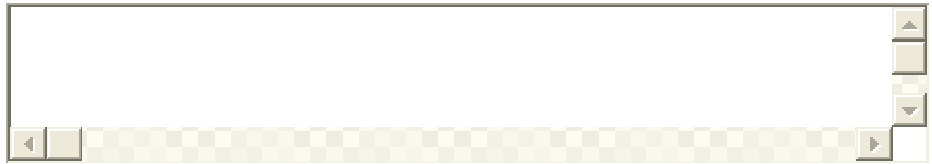
Business Address:

Business Phone: (  )

Business Phone: (  )

### Other Information

Please include any information regarding allergies, diet, physical or special needs, etc.:



I hereby make application to place my child(ren) the abovementioned on Tender Years Child Care Waiting List and I understand and agree to abide by all policies and regulations of the Centre.

Mother/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

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How did you hear about us?

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**For Office Use Only**

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

Program Fee: \_\_\_\_\_ + Admin Fee: \_\_\_\_\_

Amount Due: \_\_\_\_\_ Amount Received:

Date of Admission: \_\_\_\_\_ Date of Withdrawal: \_\_\_\_\_

Staff Taking Application: \_\_\_\_\_ Position: \_\_\_\_\_