

# Confederation Building Daycare Centre Co-operative Society Limited Waitlist List

## Child Information

Name: \_\_\_\_\_ Date of Birth: (D/M/Y): \_\_\_\_/\_\_\_\_/\_\_\_\_

## Parent Information

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Department: _____	Department: _____ (if applicable)
Phone (Daytime): _____	Phone (Daytime): _____
Phone (Evening): _____	Phone (Evening): _____
Phone (Cell): _____	Phone (Cell): _____
Email Address: _____	Email Address: _____

## Waiting List Information

Preferred Start Date (M/Y) \_\_\_\_/\_\_\_\_

Full Time \_\_\_\_ Part Time \_\_\_\_ (M/W/F \_\_\_\_ T/TH \_\_\_\_)

Siblings on Waitlist/In Centre: Y/N \_\_\_\_ Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Does your child have any medical issues, diagnoses, allergies, delay or other reason where additional support or accommodations may be needed? Please explain. \_\_\_\_\_

**I understand that only children of employees of a department of provincial government, crown corporations, and boards are eligible for admission to the Confederation Building Daycare Care Centre.**

**I understand that if I turn down a space twice I will be removed from the waitlist.**

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For Office Use Only

Contact Date: \_\_\_\_\_ Contacted by: \_\_\_\_\_ Date Space is Available: \_\_\_\_\_ Accepted: \_\_\_\_\_

Contact Date: \_\_\_\_\_ Contacted by: \_\_\_\_\_ Date Space is Available: \_\_\_\_\_ Accepted: \_\_\_\_\_

Notes: \_\_\_\_\_