



**Waiting list form**

Please complete when placing child on the Kindergarten Waitlist. You may only place your child's name on the waiting list of one NAKA kindergarten. If you need help, please ask one of the teachers.

Name of Kindergarten \_\_\_\_\_ Date \_\_\_\_\_

|  |   |
|--|---|
| Child's First Names  |   |
| Child's Last Name  | M <input type="checkbox"/> F <input type="checkbox"/> |
| Birth Date   |   |
| If this child is currently enrolled in another ECE Centre, how much notice is required if you need to change/stop your hours due to starting Kindergarten? |   |
| Does this child have any special needs that we need to provide for?  |   |

| CHILD'S ADDRESS DETAILS     |                             |
|-----------------------------|-----------------------------|
| Child's Residential Address | Child's Alternative Address |
| Address<br>.....<br>.....   | Address<br>.....<br>.....   |
| Postal code .....           | Postal code .....           |

| PARENT/CAREGIVER CONTACTS                          |       |  |       |
|--|-------|--|-------|
| First Name   |       | First Name   |       |
| Last Name  |       | Last Name  |       |
| Relationship to Child                              | Title | Relationship to Child                              | Title |
| Same Address as child Yes <input type="checkbox"/> |       | Same Address as child Yes <input type="checkbox"/> |       |
| Address<br>.....<br>.....                          |       | Address<br>.....<br>.....                          |       |
| Postal code .....                                  |       | Postal code .....                                  |       |
| Phone Numbers                                      |       | Phone Numbers                                      |       |
| Work   | Home  | Work   | Home  |
| Fax  | Cell  | Fax  | Cell  |
| Email  |       | Email  |       |
| Occupation   |       | Occupation   |       |

Signed \_\_\_\_\_

Relationship to child \_\_\_\_\_