



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 Postal code	Address 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 Postal code		Address Postal code	
Phone Numbers		Phone Numbers	
Work	Home	Work	Home
Fax	Cell	Fax	Cell
Email		Email	
Occupation		Occupation	

Signed _____

Relationship to child _____