UNICORN
DAY CARE

COTTINGHAM PRE-SCHOOL WAITLIST APPLICATION

Dear Parents of Pre-school Children for our Cottingham location,

The Daycare will be registering children as space becomes available. Please complete this form and return it to the day care as soon as possible, to get your child on the waiting list. The waiting list is prioritized according to the completion and receipt of this form.

CHILD'S NAME _____

BIRTHDATE_____/_____/_____ SEX: M_____ F_____
D M Y

PARENT #1 NAME_____WK. PH# _____

HM.PH#_____

ADDRESS_____

PARENT #2 NAME_____WK. PH# _____

HM.PH#_____

ADDRESS_____

FULL DAY PRE-SCHOOL PROGRAM 7:30AM TO 6:00PM (12 Month program)

START DATE REQUESTED: _____

FOR OFFICE USE ONLY:

DATE RECEIVED: _____

DEPOSIT: _____ POST DATED CHEQUE: _____ REG PACKAGE:_____

DATE SPOT OFFERED:_____ START DATE:_____ (WEB)

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