



• EARLY YEARS LEARNING •

WAIT LIST FORM

S. NO.	INFO	RESPONSE	REMARK
1	CHILD'S NAME		
2	DATE OF BIRTH & SEX		
3	AGE AT ADMISSION		
4	START DATE		
5	PREFERRED PROGRAM		
	Infant / Toddler		
	3 - 5 Years		
	Preschool		
	Before & After School (mention school name)		
	Full Time / Part Time (mention preferred days)		
6	LIKE TO BE ON OUR WISHLIST		
7	WISH TO BOOK A TOUR (mention preferred date & time)		
8	YOUR PREFERRED CONTACT		

FAMILY INFORMATION

1	PARENT / GUARDIAN NAME	
2	RELATIONSHIP	
3	ADDRESS	
4	PHONE	
5	EMAIL	
6	FROM WHERE DID YOU HEAR ABOUT US	

SIGNATURE _____

DATE _____