UNICORN DAY CARE

Telephone (416) 929-6841
Fax (416) 929-1238

454 AVENUE RD
TORONTO, ONTARIO, M4V-2J1

WAITLIST APPLICATION FOR JK/SK PROGRAM

Dear Parents,

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. A one time non-refundable registration fee of $50.00 is required with this application. The waiting list is prioritized according to the completion and receipt of this form. Please indicate what your child care needs are by completing the section below.

CHILD'S NAME _____ BIRTH DATE_____/_____/___ SEX: M__ F__ JK/SK PROGRAM ___JK ___ SK___
D M Y

PARENT #1 NAME_____ WK. PH# _____ HM.PH#_____

ADDRESS_____POSTAL CODE_____

PARENT # 2 NAME_____ WK. PH # _____HM.PH#_____

ADDRESS_____POSTAL CODE_____

START DATE REQUESTED:_____ **Parent Signature: _____**

ALL DAY KINDERGARTEN (8:50AM-6:00PM) _____

HALF DAY KINDERGARTEN **(**** Half Day JK/SK Program is not available on PD Days)

(JK/SK MORNING OR AFTERNOON PROGRAM- PLEASE MARK PREFERENCE. THE DAYCARE HAS NO CONTROL OVER WHETHER YOUR CHILD IS PLACED IN A MORNING OR AN AFTERNOON KINDERGARTEN PROGRAM.)

MORNING- 8:50AM TO 1:00PM _____ OR _____ **AFTERNOON**- 11:20AM TO 3:30PM

____ MONDAY
____ TUESDAY
____ WEDNESDAY
____ THURSDAY
____ FRIDAY

AM CARE (7:30AM TO 8:50PM)

____ YES

FOR OFFICE USE ONLY:

DATE RECEIVED: _____

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

DATE SPOT OFFERED:_____ START DATE:_____