

UNICORN DAYCARE

454 AVENUE ROAD
Toronto, Ontario. M4V-2J1

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

WAITLIST APPLICATION FOR PRESCHOOL/NURSERY PROGRAM

Dear Parents of Preschool/Nursery Children,

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__ PRE__ EXT NUR __ NUR____
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:** _____

___ **NURSERY PROGRAM- 8:50 TO 11:20AM** (** Nursery Program is not available on PD Days.)

___ MONDAY
___ TUESDAY
___ WEDNESDAY
___ THURSDAY
___ FRIDAY

___ **EXTENDED NURSERY PROGRAM- 8:50AM TO 3:30PM** (** Nursery Program is not available on PD Days)

___ MONDAY
___ TUESDAY
___ WEDNESDAY
___ THURSDAY
___ FRIDAY

___ **PRESCHOOL PROGRAM- 8:50AM-6:00PM**

___ **AM CARE- 7:30-8:50AM**

FOR OFFICE USE ONLY:

DATE RECEIVED: _____

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

DATE SPOT OFFERED: _____ START DATE: _____

