



# Allenby Daycare Waiting List Application

Date Of Application: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Home Address of child(ren): \_\_\_\_\_

Postal Code \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Parent/Guardian's Names

1) \_\_\_\_\_ 2) \_\_\_\_\_

Telephone: (1H): \_\_\_\_\_ / (2H) \_\_\_\_\_

Telephone: (1B): \_\_\_\_\_ / (2B) \_\_\_\_\_

Siblings: \_\_\_\_\_

Daycare Needed By: \_\_\_\_\_ Subsidized: \_\_\_\_\_ Full Fee: \_\_\_\_\_

3. How much notice do you need if space becomes available? \_\_\_\_\_

4. Other important information you wish to share:

\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_

*For Office Use Only*

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**Record of Contacts:**

\_\_\_\_\_  
\_\_\_\_\_

**Staff Signature:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_