



Waiting List

Name: _____ Date: _____

Address: _____ Tel: Home: _____

_____ Tel: Work: _____

Postal Code: _____ Tel: Cell: _____

Email: _____

Child's Name: _____

Birthday: _____

Date Preferred: _____

Hours needed: _____

Age: _____ Sex: _____

Waitlist Fee: \$45 Paid Yes or No? Date: _____

Contacted: _____

Notes: _____