



## WAITING LIST APPLICATION FORM

**(\*\*All applicants MUST also be on the centralized waitlist\*\*)**

Application Submission Date: \_\_\_\_\_ Required Date of Service: \_\_\_\_\_  
yyyy-mm-dd yyyy-mm-dd

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Child's Name: \_\_\_\_\_  
Last First Middle Nickname

Date of Birth: \_\_\_\_\_ OR Due Date: \_\_\_\_\_  
yyyy-mm-dd yyyy-mm-dd

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### Program Requirements:

Full Day Program: \_\_\_\_\_ (7:45 am to 5:30 pm) Toddler (18-30 Months)  
Full Day Program: \_\_\_\_\_ (7:45 am to 5:30 pm) Preschool (30 months to 5 years)  
School Age: \_\_\_\_\_ (Before AND After care)  
School Age: \_\_\_\_\_ (Before OR After care)

Please indicate name of school:

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### Parent/Guardian

Name: \_\_\_\_\_  
Last First

Home Address: \_\_\_\_\_  
Street

City/Province/Postal Code

Tel: (H) \_\_\_\_\_  
(W) \_\_\_\_\_  
(C) \_\_\_\_\_

Email: \_\_\_\_\_

### Parent/Guardian

Name: \_\_\_\_\_  
Last First

Home Address: \_\_\_\_\_  
Street

City/Province/Postal Code

Tel: (H) \_\_\_\_\_  
(W) \_\_\_\_\_  
(C) \_\_\_\_\_

Email: \_\_\_\_\_

### For Office Use Only

Date of Enrolment: \_\_\_\_\_  
yyyy-mm-dd

Administrator: \_\_\_\_\_ Signature: \_\_\_\_\_  
Last First

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**\*\*Waiting List Application Forms do not guarantee a Space. If space is available, you will be contacted. \*\***