

Waiting List – Don Valley Christian Child Care

Date of placement on the waiting list: _____
(today's date)

- Subsidized - file #: _____
- Applying for subsidy? _____
- Full Fee

- Tour booked for: _____
- Tour completed: _____
- Forms given: _____

Information:

1. **Child's Name:** _____
First name Last name

2. **Child's Name:** _____
First name Last name

Birth date: _____
Day/Month/Year

Birth date: _____
Day/Month/Year

- Infant
- Toddler
- Preschool
- Boy or Girl

- Infant
- Toddler
- Preschool
- Boy or Girl

Mother's Name: _____
First name Last name

Home phone#: _____

Home Address: _____

Cell #: _____

Student? If so where? _____

Work #: _____

Maternity leave? Returning to work when? _____

Email Address _____

Father's Name: _____
First name Last name

Home phone#: _____

Address: _____

Cell #: _____

Student? If so where? _____

Work #: _____

Email Address _____

When is care needed? _____

Notes: