

DATE RECEIVED: _____ EXPECTED START DATE: _____

Dear Parent:

Thank you for your interest in our program. Please take a moment to complete this form to be added to our waiting list. We will call you if/when a space is available to discuss placement.

Please note we only serve in the Scarborough area.

Thank you

Wait List Information:

Parent's/Guardian's Full Name: _____

Intersections where care is needed: _____

Contact Information (please check preference):

Cell: _____ Home Phone: _____

Email: _____

Child/Children's Full Name(s):

_____ DOB _____

_____ DOB _____

_____ DOB _____

School (full name) _____

Days of care needed: _____

Hours of care needed: _____

Special Accommodations/Requirements? _____

Subsidy File # _____

Full Fee

Where did you hear about Heritage? _____