

WAITLIST APPLICATION FORM

Application Date:				
Name of Guardian:				
Mailing Address:				
City:	Province:		Postal C	Code:
Telephone: (Home)	(Business)		(Cell)	
Child (ren)'s Names & Birtho	lates:			
Name:			Birthdat	te:
Name:			Birthdat	te:
Name:			Birthdat	te:
Check appropriate status:				
NWP Student	Su	ıbsidy Applicant	Yes	No
NWP Staff	Co	ommunity		
Program Enrolled in	Alu	umni		
Department Employed	Pc	otential NWPT Stuc	dent	
Does your child have specific f	ood requirements?			
Does your child have any aller	gies?			
	are to begin?			
Is there any information pertine	ent to your child that we should kno	w?		
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Important Information

- We take children between the ages of 13 months and 5 years (or until finished Kindergarten).
- We are a full-time care facility.
- We are unable to estimate the length of time before there will be an opening for your child.