



York University Co-operative Daycare Centre
Wait List Form

Child's Name: _____ M [] F [] DOB: (M) _____ (D) _____ (Y) _____

Parent/Guardian: _____ E-mail: _____

Address: _____ Apt #: _____ City: _____

Province: _____ Postal Code: _____

Home #: _____ Work #: _____ Cell #: _____

Parent/Guardian: _____ E-mail: _____

Address: _____ Apt #: _____ City: _____

Province: _____ Postal Code: _____

Home #: _____ Work #: _____ Cell #: _____

Preferred Date of Enrollment: _____

INFANT TODDLER PRESCHOOL KINDERGARTEN SCHOOL AGE
(3-18 months) (19-30 months) (31-48 months) (4-5 years) (6-10 YEARS)

Affiliation: York Student York Staff York Faculty CUPE 3903 Other

Is subsidy assistance required? No Yes Client File #, if applicable _____

Parent/Guardian Signature: _____ Date: _____ Time: _____

FOR OFFICE USE ONLY:

Deposit \$500 or 10 x daily fee	Date Remitted	Amount	Cheque # <input type="checkbox"/> E-Transfer <input type="checkbox"/>
Full-Time Start Date:		Notes:	

Thank you! Your child's name will be placed on our wait list based on the receipt date and time of this form.