

Waitlist Application

 $*This\ institution\ is\ an\ equal\ opportunity\ provider$

Application Date:		Desired Start Date:	
Child Information			
First Name:	M.I.:	Last Name:	
Name child prefers to be called:			
Child's Address:			
Gender: Male Female		Date of Birth:	
Parent/Guardian Information			
Parent/Guardian #1			
First Name:	M.I.:	Last Name:	
		Employed By: Home Phone: Email: M.I.: Last Name:	
Parent/Guardian #2			
	M.I.:	Last Name:	
	Employed By:		
	Home Phone:		
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Does your child have an IEP?			
How did you hear about St John's E	CEC?		
Were you referred by someone? If s	o, please list them	here	
your child will be placed on the wai will be applied toward the registration	t list – we will not on fee once enroll	UNDABLE Waitlist Fee of \$50. Once both are return tify you once a space becomes available. The wait list feed. All fees are subject to change. Date:	
FOR OFFICE USE ONLY:			
☐ Paid \$50 Wait List Fee — Pay ☐ Student added to Wait List or ☐ Student added to Brightwheel ☐ Parent email(s) added on	on(d	_ (date)	