



# Waiting List Application Form

LINDSAY CENTRE FOR PRESCHOOL ENRICHMENT

*Lindsay Montessori Preschool*

51 EGLINGTON STREET LINDSAY, ONTARIO K9V 3Z5 (705) 324-8514 [lindsaypreschool.ca](http://lindsaypreschool.ca)

Child's name \_\_\_\_\_  
FIRST MIDDLE LAST

Child's Date of Birth \_\_\_\_\_

Parent/Guardian names \_\_\_\_\_

Mailing Address \_\_\_\_\_

Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Business phone \_\_\_\_\_

MOTHER/GUARDIAN

FATHER/GUARDIAN

Email address \_\_\_\_\_

MOTHER/GUARDIAN

FATHER/GUARDIAN

Please indicate any special needs and/or health problems

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of entry requested (child must be a minimum of 30 months) \_\_\_\_\_

Program requested (please circle)

**Five (5) Days**

**Three (3) Days** MONDAY, WEDNESDAY, FRIDAY

**Two (2) Days** TUESDAY, THURSDAY

**Alternate Days** MONDAY, WEDNESDAY, FRIDAY ONE WEEK, AND  
TUESDAY, THURSDAY THE NEXT

**Any program**

**A.M**

8:30 AM - 11:30 AM

**P.M**

1:00 PM - 3:30 PM.

**Partial Day**

8:30 AM - 2:00 PM.

**Full Day\***

8:30 AM - 3:30 PM.

\* OUR FULL DAY PROGRAM IS ONLY AVAILABLE FOR SCHOOL AGED CHILDREN (THOSE WHO WILL BE 4 YEARS OF AGE BY DEC. 31ST OF THAT SCHOOL YEAR).

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Office Use Only

Date called for Fall enrollment

Date called if space opens during the year

2nd call for Fall enrollment

Date Rec'd

Initials