



# WAITLIST FORM FOR AFTER SCHOOL CARE

Lloyd George    KSA    Rayleigh    Other: \_\_\_\_\_

## Child Information:

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Date of birth: (month/day/year) \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender: \_\_\_\_\_

Full Time/Part Time: \_\_\_\_\_

Preferred Start Date: \_\_\_\_\_

## Parent Information:

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

## Medical Information:

Does your child have any health concerns, physical limitations, or special considerations that our staff should be aware of (e.g., behavioral concerns, anxiety, emotional dysregulation, disabilities, recent loss, injuries, seizures, food allergies, etc.)?    Yes    No

Does your child receive support at school?    Yes    No

If yes to either question, please explain:

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Personal Information and Confidentiality:** Your personal information is collected as per Child Care Licensing Regulation and is for registration purposes to ensure that we provide a safe and supportive environment for your child. We respect the privacy of all our members. The information you provide is confidential and will not be shared without your written permission.