



## DUFFERIN WAIT LIST

Name:

Child's name:

Child's birthdate:

Home phone #:

Cell Phone #:

Email Address:

Date required:

Infant            5 days a week only

Toddler        5 days     3 days     2 days

Preschool     5 days     3 days     2 days

Comments:

Please email to: [registration@kindergrove.ca](mailto:registration@kindergrove.ca)