



ST CLAIR 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