



## WAIT LIST

Parent(s) Name:

Child's name:

Child's birthdate:

Home phone #:

Cell Phone #:

Email Address:

Date required:

**5 days a week only**

Are you looking to enroll your...

Infant?

Toddler?

Preschooler?

Comments:

Please email this form to:  
[info@kindergrove.ca](mailto:info@kindergrove.ca)