

PARKGATE CHILD AND FAMILY CENTRE

www.myparkgate.com

"My First Preschool"

WAITING LIST FORM (SEPTEMBER 2016 – JUNE 2017)

Please note:

- Children in the 2016-2017 My First Preschool Program must be born in 2014.
- Upon acceptance, a registration package is provided to the family and must be returned to Parkgate Community Services Society (PCSS) within two (2) weeks. Submitting a waiting list form does not guarantee registration into the program.
- In the 2016-2017 school year, the program will operate two classes (Monday/Wednesday and Tuesday/Thursday). Please indicate which days your child is able to attend. Classes will be formed on the basis of position on waitlist, age and gender.
- All waiting list forms must be date-stamped and initialed by staff at the Parkgate Community Centre front office.
- PLEASE PRINT CLEARLY.

Child's Name: _____
(Surname) (First Name)

Gender: M ☐ F ☐

Birth Date (day/month/year): _____

My child's older sibling attended this program: yes ☐ no ☐

Name of sibling (must be provided): _____

Name of person completing the Waiting List form: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Mailing Address: _____
(Street, City, Postal Code)

Program options: Program hours are 9:30 – 11:30 am

Monday/Wednesday ☐ My child can attend on these days

☐ These days are not an option for our family

Tuesday/Thursday ☐ My child can attend on these days

☐ These days are not an option for our family

☐ My child can attend either class

Effective September 20, 2005, a "Waiting List Form" must be completed in order for a child's name to be put on to the Waiting List. Children's names will be placed on the Waiting List based on the date & time in which the form is received by Parkgate Community Centre. Completing and submitting this waitlist form DOES NOT ensure entry for your child into the My First Preschool Program. Should you have any questions, please do not hesitate to contact us at 604-983-6350. Please return this form to the Parkgate Community Centre front office in person after 7:00 am on Tuesday, May 19th 2015 and ask to have the form initialed and time/date-stamped.

Parent/Guardian Signature: _____

Date: _____

(Date and time which form was received by staff)

Staff signature

Parkgate Community Services complies with the Personal Information Protection Act (PIPA) and the Privacy Information and Electronic Documents Act (PIPEDA). Information collected on this form is used in the normal course of communication through Parkgate Community Services in accordance with these legislations. If you have any questions about the collection or use of this information, contact our Privacy Officer at 604-983-6350. Any unauthorized copying, disclosure or distribution of the information given by the volunteer, donor, client, community member or individual contractor for the above purposes is strictly prohibited.