



WONDER & GROW APPLICATION

Child's name _____

Birthdate _____ / _____ / _____
Month Day Year

Gender _____

Parents(s) / Guardian Name _____

Address _____

Phone number

(cell) _____

Email address _____

What type of classes do you require? Infant Toddler Preschool&JuniorKindergarten
School Age Program Specail Needs Program

Preferred Start date _____

What days do you require? Full time / 2 days (Tues/Thurs) / 3 days (M,W,F) / 1 days (Fri or

Sat)Notes _____

Please note

- A \$50.00(non-refundable) wait list application fee is required in order to be placed on the wait list.
- This application does not guarantee your child a space in the program
- Upon receipt of the wait list application and wait list fee your child will be place on the wait list
- Please make your cheque payable to Wonder & Grow Early Learning Centre Ltd.
- The wait list application is applicable for both the Infant/Toddler program and the 3-5. Your wait list form will automatically be transferred to the appropriate program.

For office use only

Date received _____ Deposit received _____

Manager signature _____