

Noah's Ark Childcare

Waiting List Application

Parent / Guardians Name: _____

Email: _____ Phone #: _____

Parent / Guardians Name: _____

Email: _____ Phone #: _____

Child's Name: _____

D.O.B: / /

Age at enrollment: _____

Sex: M / F

Required Start Date: _____

Program: Full Time: Infant (3mo-18mo) Toddler (18mo – 30mo) Preschool (30mo – JK)
 Part Time Toddler - (18mo – 30mo) Toddler (Mon, Wed, Fri) Toddler (Tues, Thurs)
 Part Time Preschool (30mo – JK) Preschool (Mon, Wed, Fri) Preschool (Tues, Thurs)

Do you require assistance with fees (Subsidy–County of Wellington)? Yes / No

Does your child have special needs: Yes / No - If yes please disclose information on back of this page.

Please email to nac@spiritwind.ca to be added to the waiting list.