



# PARACHUTE EXPRESS *playschool*

## Waitlist Application

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Address and Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Requested Start Date: \_\_\_\_\_

\*Please circle the program of interest and days preferred below:

4 Hour Preschool Program (8:30 a.m. to 12:30 p.m.)

Full Day Preschool Program

\*Please circle preferred days of classes:

Monday

Tuesday

Wednesday

Thursday

Friday

This form simply indicates your interest in registering your child at Parachute Express Playschool Ltd. When a space becomes available, you will be contacted with an offer of potential registration, as well as an opportunity to visit us for an information and play session.

Thank you for your kind interest.