



Waiting List Application Form

LINDSAY CENTRE FOR PRESCHOOL ENRICHMENT
Lindsay Montessori Preschool
51 EGLINGTON STREET LINDSAY, ONTARIO K9V 3Z5 (705) 324-8514 lindsaypreschool.ca

Child's name _____
FIRST MIDDLE LAST

Child's Date of Birth _____

Parent/Guardian names _____

Mailing Address _____
Postal Code _____

Home Phone _____

Business phone _____
MOTHER/GUARDIAN FATHER/GUARDIAN

Email address _____
MOTHER/GUARDIAN FATHER/GUARDIAN

Please indicate any special needs and/or health problems

Date of entry requested (child must be a minimum of 30 months) _____

Program requested (please circle)

- Five (5) Days**
- Three (3) Days** MONDAY, WEDNESDAY, FRIDAY
- Two (2) Days** TUESDAY, THURSDAY
- Alternate Days** MONDAY, WEDNESDAY, FRIDAY ONE WEEK, AND TUESDAY, THURSDAY THE NEXT
- Any program**
- A.M or P.M or FULL DAY***

* OUR FULL DAY PROGRAM OPERATES FROM 8:45AM - 11:30AM AND RESUMES FROM 12:45PM - 3:30PM. LUNCH IS SERVED.

* OUR FULL DAY PROGRAM IS ONLY AVAILABLE FOR SCHOOL AGED CHILDREN (THOSE WHO WILL BE 4 YEARS OF AGE BY DEC. 31ST OF THAT SCHOOL YEAR). LUNCH IS SERVED.

Signature _____

Date _____

Office Use Only

Date called for Fall enrollment
Date called if space opens during the year
2nd call for Fall enrollment

Date Rec'd
Initials