



Waiting List Application

Please email your application to: lucy.ngo@canadalife.com. For your application to be kept active, please renew by email or telephone at six month intervals.

Child's Name:	
Address:	Phone:

Date when care is needed <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 33px; height: 30px;"></td> <td style="width: 33px; height: 30px;"></td> <td style="width: 33px; height: 30px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">MONTH</td> <td style="text-align: center; font-size: 8px;">DAY</td> <td style="text-align: center; font-size: 8px;">YEAR</td> </tr> </table>				MONTH	DAY	YEAR	Date of Birth <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 33px; height: 30px;"></td> <td style="width: 33px; height: 30px;"></td> <td style="width: 33px; height: 30px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">MONTH</td> <td style="text-align: center; font-size: 8px;">DAY</td> <td style="text-align: center; font-size: 8px;">YEAR</td> </tr> </table>				MONTH	DAY	YEAR	or Expected Date of Birth <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 33px; height: 30px;"></td> <td style="width: 33px; height: 30px;"></td> <td style="width: 33px; height: 30px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">MONTH</td> <td style="text-align: center; font-size: 8px;">DAY</td> <td style="text-align: center; font-size: 8px;">YEAR</td> </tr> </table>				MONTH	DAY	YEAR
MONTH	DAY	YEAR																		
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Requirements <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Days needed: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Subsidy: <input type="checkbox"/> Yes <input type="checkbox"/> No																				

Parent Name:			
Language Spoken:		Other Language:	
Business Address:			
Occupation:			
Home Telephone:	Home Email:	Business Telephone:	Business Email:

Parent Name:			
Language Spoken:		Other Language:	
Business Address:			
Occupation:			
Home Telephone:	Home Email:	Business Telephone:	Business Email:

Parent's Signature _____

Date _____