## Sweet House Waitlist

Child's Name:	Date of Birth:	
	MM/DD/YY	
Male / Female		
Parents(s) Guardian Name(s):		
Address:		
Postal Code		
(Home) Phone:	(Cell) Phone:	
Email Address:		
Applying For Waitlist: (Check all that app	oly)	
• Full Time		
<ul> <li>Part Time, Required days</li> </ul>		
• Infant / Toddler		
2 5 Veen Demind dem		

• 3-5 Years Required days

Please note a Waitlist Fee of \$50.00 Non-refundable will be put towards registration fee if you are enrolled in the program. When a space opens and your child is eligible, we will contact you and give you 48 hours to respond and sign up before moving on to the next in line. This application does not guarantee your child a space in the program. Please make your cheque payable to Sweet House and Send it back with your application to: Sweet House Center #4122 Virginia Crescent, North Vancouver, BC V7R 3Z4