



**TEAM Child Care Center**  
10300 Yonge St.  
Richmond Hill, ON, L4C 3B8

## Waiting List Registration Form

<b>Child Name (please print):</b>			
<b>D.O.B</b> (MM/DD/YYYY):		Gender: M <input type="checkbox"/> F <input type="checkbox"/>	
<b>Desired start date</b> (MM/DD/YYYY)			
Priority 1 Parent/Guardian:		Phone:	
Address :		Cell:	
City, Postal code:		Email:	
Other contact options:			
Priority 2 Parent/Guardian:		Phone:	
Address (if different):		Cell:	
City, Postal code:		Email:	
Other contact options:			
Does this child have a sibling currently enrolled at the Team Child Care Center?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Comments:			

**Note: Please refer to Waiting List Policy for details.**

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**For Office use:**

**Application received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_