**Child Waiting List Application Form** (all fields must be completed for children to be placed on the waiting list)

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| **Requested Start Date:** | **Termination Date:** |
| Child’s First Name:  | Last Name: |
| Home Address: | Postal Code: |
| Birthdate (mm/dd/yyyy): |  |
| Gender: Male Female  |
| Child Lives With: Parent/Guardian Relative Other  |

**Funding Information** (will you be applying for funding to help reduce your parent fees?)

|  |  |  |  |
| --- | --- | --- | --- |
| I have applied for subsidy: | Yes  | No  | I plan to apply for subsidy Yes/No  |
| I have applied for Norquest School Bursary: | Yes  | No | I plan to apply for bursary Yes/No |
| I have other funding: | Yes  | No | I plan to apply for other funding Yes/No  |
| Parent is currently a: | NorQuest Student NorQuest Employee Community Member  |

**Parent/Guardian Contact Information**

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| **Parent/Guardian** |
| First Name: |  | Last Name: |  |
| Home Phone #: |  | Cell Phone #: |  |
| Home Address: |  | Postal Code: |  |
| Work Place: |  | Work Phone #: |  |
| Name of School: |  | School Phone #: |  |
| Email Address: |  |

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| --- |
| **Parent/Guardian** |
| First Name: |  | Last Name: |  |
| Home Phone #: |  | Cell Phone #: |  |
| Home Address: |  | Postal Code: |  |
| Work Place: |  | Work Phone #: |  |
| Name of School: |  | School Phone #: |  |
| Email Address: |  |

**THIS DOES NOT GUARANTEE THERE WILL BE A SPOT FOR YOUR CHILD ON YOUR REQUESTED START DATE**

**IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT JASVINDER HERAN AT 825-777-6014 OR Familysupport@icfc.ca**