

DISTILLERY DISTRICT EARLY LEARNING

Waitlist Form

Date: _____ MM/DD/YEAR

Parent Names: _____

Child's full Name: _____ DOB _____

Home Address:

_____ Postal Code: _____

Home Phone: _____ Cell: _____

Email: _____

Please indicate which program you are interested in:

Infant Program: _____ Toddler Program _____ Preschool Program _____

Full-time _____ 3 Day _____ 2 Day _____

START DATE: _____ MM/YEAR

Note: By adding your name to the waitlist will give you priority for the start month/year you are interested in starting. It is not a guaranteed a spot will be available at start date. We will contact you 6-8 weeks prior to start date. If there is any changes to your start date or info provided please call or email the centre.

info@distillerydistrictelc.com or call 416-360-4042