



# Balgonie Early Learning Centre Inc.

Box 940  
131 Main Street  
Balgonie, Sask  
S0G 0E0



## WAITLIST APPLICATION FORM

Please forward completed forms to the address above

**Please Print Clearly**

Parent(s) or Legal Guardian(s): \_\_\_\_\_

Mailing Address: Box # \_\_\_\_\_ Street Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone #(s): \_\_\_\_\_ Work #(s): \_\_\_\_\_ Cell #(s): \_\_\_\_\_

E-mail: \_\_\_\_\_

Child(ren)'s First and Last Name(s)	Date of Birth (mm/dd/yy)	Gender
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F

Estimated drop off time: \_\_\_\_\_ Estimated pick up time: \_\_\_\_\_

Preferred Start Date: \_\_\_\_\_

Application Date: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**\*\*PLEASE NOTE:** Completing this application does NOT guarantee a spot. Spaces will be allocated on a first come, first serve basis dependent upon staffing and space availability. BELCI will contact all eligible applicants upon any openings.

Thank you for your interest in the Balgonie Early Learning Center's Before and After School Program.