



WAIT LIST FORM - New Member

Appendix 11.1.11

_ocation:	Skyline □		Gibson Neill			
(Office only)	Date Received:		Received by:	Tour Date:		
CHILD INFOR	MATION:					
Name of Child				Male 🗆	Female 🗆	
Date of Birth _		School (A	After-school Program only)	<u> </u>		
	** ** ** ** ** ** **	-	_		** ** ** ** ** ** Female 🗆	
Date of Birth _		School (After-school Program only)		
	** ** ** ** ** ** **	•	0		* ** ** ** ** ** Female 🗆	
Date of Birth _		School (A	After-school Program only)	school Program only)		
Important Info	ormation: Please note ar	ny additional info	ormation			
				Apt #		
ome Address:	rmation: Please note ar					
ome Address:		Postal C	Code			
ome Address: ity		Postal C	Code E-mail:	Prov		
lome Address: ity hone#:	Cell #: _	_ Postal C	Code E-mail: Father/Guardian:	Prov		
lome Address: hone#: Nother/Guardia	Cell #: _	_ Postal C	Code E-mail: Father/Guardian: Work Phone	Prov		
Iome Address: Tity Thone#: Mother/Guardia Tace of work: (in the confirement of the confirement	Cell #: _ an: mother)	Postal C	Code E-mail: Father/Guardian: Work Phone Work Phone	#: # to start:	(date)	