

**2025 Applicant Waitlist Form**

Waitlist Number:
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Kids Palace Nursery School would like to thank you for your interest in our centre. By completing this form; your child will be added to Kids Palace Nursery Schools waitlist for enrolment. All Registration forms are kept in sequence and notice of vacancy will be made available in a manner that maintains the privacy and confidentiality of all listed children and their families. **Prospective candidates are required to ensure all necessary applications and documentations are completed in full and returned a minimum 4 business days** prior to your child's indicated start of care date. All families must be willing to comply with the policies and procedures as indicated within the centre's Orientation Handbook. The failure or unwillingness to comply will result in the immediate termination of the application process. Please note, a deposit and first month childcare fees must be made in full to receive the application package. The one month deposit follows our one month notice of withdrawal. All childcare fee's, are to be paid at minimal of month in advance.

**Program Information:**

**Expected Start Date:** \_\_\_\_\_

Room	Scheduled Days	Estimate Arrival and Departure	
	M T W TH F Full Time/ Nursery/Part-time		

<b>Child's First and Last Name</b>		<b>Date of Birth (MM/DD/YYYY)</b>	
<b>Address</b>		<b>City</b>	<b>Postal Code</b>
<b>Name of Parent/ Guardian</b>		<b>Contact Number</b>	
Relationship to Child:	Email:		
<b>Name of Parent/ Guardian</b>		<b>Contact Number</b>	
Relationship to Child:	Email:		

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Kids Palace Nursery School

\_\_\_\_\_  
Date

Fixed Registration Fee	Expected Start Date	Payment Date	Method Of Payment	Total Amount Paid
<b>covered by CWELCC</b>				

Application Package Due Date:
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**Family Intake Form**

Date: (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Name: \_\_\_\_\_ Name of Guardian(s): \_\_\_\_\_

We speak these language(s) in our home: \_\_\_\_\_

Have you been in a childcare setting before? **(Circle one)** Yes or No

What do you enjoy doing as a family? \_\_\_\_\_

What are some things you are working on at home with your child? (e.g. Dressing themselves, zipping zipper, counting to 20, communicating verbally etc.)

\_\_\_\_\_

How can we help your child reach these goals?

\_\_\_\_\_

Where and with whom does your child spend most of their time? \_\_\_\_\_

What is the main way you communicate in your home (e.g. face to face, phone, text messages)?

\_\_\_\_\_

How does your child communicate? (e.g. Verbally, sign language, visual cues). What language(s) does your child prefer to speak?

\_\_\_\_\_

What is your child's eating habits like? Can they eat solids? Are they fussy eaters? \_\_\_\_\_

What is your child's sleeping habits like? Do they nap? Fall asleep on their own?

\_\_\_\_\_

Does your child have any sensory sensitivity? (e.g. Loud sounds, food textures, sensory materials) \_\_\_\_\_

What are your child's strengths? (e.g. loves cleaning, can read at 3 years old)

\_\_\_\_\_

What else would you like us to know about you and your family? \_\_\_\_\_

\_\_\_\_\_

For Office use only:  
E.C      V      AG      H