



**AAASI ALDERWOOD ACTION AFTERSCHOOL INC.**  
**APPLICATION FOR WAITING LIST**

CHILD'S LAST NAME \_\_\_\_\_

CHILD'S FIRST NAME \_\_\_\_\_

DATE OF BIRTH (mm/dd/yy) \_\_\_\_\_

ATTENDING SIR ADAM BECK? YES/ NO      SCHOOL GRADE \_\_\_\_\_

NAME OF PARENT/GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE – HOME \_\_\_\_\_ WORK \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

IS YOUR CHILD CURRENTLY IN A DAY CARE SETTING? \_\_\_\_\_

DOES YOUR CHILD HAVE ANY SPECIAL DEVELOPMENTAL NEEDS?  
\_\_\_\_\_

DOES YOUR CHILD REQUIRE ANY SPECIAL DEVELOPMENTAL SERVICES OR ASSISTANCE?  
\_\_\_\_\_

IS THIS A REQUEST FOR A SUBSIDY SPOT? \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

**I acknowledge I am submitting this application to be on the waiting list and it does not guarantee a spot in the Centre. If a spot becomes available at AAASI, families are contacted based on their place on the waiting list. An email will be the first form of contact and will be followed with three phone call attempts to contact a family within a seventy-two-hour (three day) time frame before we automatically remove them from our waiting list.**

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

**For Office Use Only**

<b>Received on (Date)</b>
<b>Time Received:</b>
<b>Received by:</b>