



# Little Angels Development Inc.

## Licensed Child Care Centres

Fergus (3months - 6 years)  
Elora (15 months - 6 years)

[littleangelswaitlist@gmail.com](mailto:littleangelswaitlist@gmail.com)

Fergus # 519-787-0142  
Elora # 519-846-1276

### WAITLIST FORM

Thank you for your interest in Little Angels Development Inc. (LAD) If you would like to enrol your child(ren) at Little Angels Development Inc., please be advised that depending on the program you require, you may have to wait for space to become free. You can join the wait list by filling out the information requested below. Once completed please email the form to [littleangelswaitlist@gmail.com](mailto:littleangelswaitlist@gmail.com) Once this form is received, you will be contacted by email within the week to confirm your waitlist confirmation. If you have not received a confirmation within this timeframe, please contact us. **Your waitlist application will expire 3 months after the date of care is required, unless you notify Little Angels Development.** Once a space becomes available you will be contacted to make arrangements for a tour and payment for your registered space. Please review our Waitlist Policy for more information on how our wait list is handled.

FAMILY STATUS WITH LAD  returning family  community member

REQUIRED START DATE \_\_\_\_\_

PERFERRED SITE LOCATION  Fergus  Elora

SUBSIDY INFORMATION Do you require subsidy?  Yes (519-837-3620)  No

### CHILDREN YOU WISH TO ENROLL

Name: \_\_\_\_\_ Birthdate(mth/day/yr) \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate(mth/day/yr) \_\_\_\_\_

PROGRAM  Infant (0-18mths--fergus only)  Toddlers (18mths-2.5yrs)  Preschool (2.5yrs-6yrs)

TIME REQUIRED  Full time  Part time HOURS NEEDED: \_\_\_\_\_ am TO \_\_\_\_\_ pm

Monday  Tuesday  Wednesday  Thursday  Friday

### CONTACT INFORMATION

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Speech Delay allergies anaphylactic Kids Ability Developmental Delay other

Additional Information/Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Application : \_\_\_\_\_ Person filling out form: \_\_\_\_\_ Signature: \_\_\_\_\_