

Snc'c'amala?tn Waiting List

Date _____

Programs:

I/T 3/5 H/S Pre K After School Care age 6-12

Child's Name _____

Gender: M F

Date of Birth _____

Non Status Status Status # _____

Mailing Address _____

Home Phone # _____

Mother _____ if applicable OKIB Status#616 _____

Work Phone # _____ Cell Phone _____

Father _____ if applicable OKIB Status#616 _____

Work Phone # _____ Cell Phone _____

Days Required: Mon Tues Wed Thurs Fri

Full Days Part Days _____ time

Office Use Only

Parent Contacted to offer space

1. Date _____ Time _____ comments _____

2. Date _____ Time _____ comments _____

3. Date _____ Time _____ comments _____

Space accepted: Yes No Date: _____