



Waitlist Application

Today's Date _____ Date of Tour _____

Child's Name to be Used in School (first and last) _____

Child's Date of Birth (mm/dd/yyyy) _____ Girl Boy

Sibling of BPP Student? Yes No Resident of Barron Park? Yes No

Has your child been in group care? Where? _____

Name of Parent(s) / Guardian(s) (first and last) _____

Address _____ City _____ Zip _____

Email _____ Phone _____

How did you find out about the school? (please provide names if a referral) _____

Do you prefer either: Full-time (5 days/week) or Part-time (3 or 4 days/week)

If part-time, which days do you prefer? Mon Tue Wed Thu Fri

When would you like your child to start? _____

How long would you like to remain on the waiting list? _____

Additional Information _____

There is a Non-refundable \$50 Waitlist Fee

Office Notes:

Waitlist fee paid: # _____ \$ _____

Confirmation email: _____ / _____ / _____

Entered in Database: _____ / _____ / _____

Space Offered: _____ / _____ / _____

Response: _____ / _____ / _____