

MORNING ROSE DAYCARE
518 ADDIE CRESCENT
SASKATOON, SK. CANADA
+1 639 535 0493
support@morningrosedaycare.com

Morning Rose Day Care

Waiting List Form

Child's information

Name: _____

Birthdate: _____

Child's home address: _____

Childcare information

Desired start date: _____

Our childcare facility offers the following schedule. Please indicate which session you would like to enroll your child in.

- [Full-time - monthly (Monday - Friday 8:00 AM to 5:00 PM)]
- [Daily (Part-time) - Monday - (Between Monday & Friday 7:00 AM to 5:00 PM)]
 - Give details _____

Does your child have any specific needs that require special attention? Please provide details:

Parent(s)/guardian(s) contact information

Parent/guardian #1:

Name: _____

Relationship to child: _____

Telephone: _____

Email: _____

Parent/guardian #2:

Name: _____

Relationship to child: _____

Telephone: _____

Email: _____

Tell us a little about yourself

Anything else you would like to tell us about your family?

How did you hear about the center?

If referred, name of the person who referred you:

Please send completed form to support@morningrosedaycare.com

Thank you for your interest!