

# Small Wunders Child Care Centre Waitlist

Please provide us with the information below and attach the pdf in an email.

When Do You Require Care? (mm/YY)

Child's Name:

Date of Birth: mm/dd/yy

Anticipated Start Date: mm/dd/yy

Location:

- Mississauga
- Burlington

Parent's Name:

First:

Last:

Phone Number:

Email:

Full Time or Part-Time?

If Part-Time, How Many Days Per Week?

Comment or Message:

For our Burlington location email: [burlington@smallwunders.ca](mailto:burlington@smallwunders.ca)

For our Mississauga location email: [mississauga@smallwunders.ca](mailto:mississauga@smallwunders.ca)

[www.smallwunders.ca](http://www.smallwunders.ca)