



WAITLIST APPLICATION

APPLICATION INSTRUCTIONS

Please complete and send this wait-list application, along with a confirmation of your registration to our wait-list on LaPlace0-5 by email to admissions@academiedelenfance.com. **If you do not receive an automatic email response after submitting your wait-list application, please verify the email address that your documents were sent to.**

Please note: Submitting a waitlist application form does not guarantee a spot in our program. Once there is a spot available for your child’s age group, a member of our team will reach out to you via email. Typically, new spots open up in the program each year during the summer months (June to August), however, it is always possible that a spot will open earlier. If a spot opens earlier within your child’s age group, a member of our team will reach out to you directly.

ENROLMENT INFORMATION

Date of application (mm/dd/yyyy):	Desired start date (mm/dd/yyyy):
Preferred location: Please indicate all locations for which you would like to join the wait-list. Due to high demand, we recommend choosing all preschools you wish to apply to in order to increase your chances of enrolment.	
<input type="checkbox"/> ADE Laval <input type="checkbox"/> ADE North Shore *Location coming soon! <input type="checkbox"/> ADE West Island *Location coming soon!	
Program type:	
<input type="checkbox"/> Infant Exploration Program (0-18 months) *Coming soon to ADE North Shore and ADE West Island! <input type="checkbox"/> Early Learning Program (18-36 months) <input type="checkbox"/> Pre-Kindergarten Program (36-60 months)	
Preferred schedule: Indicate your preferred attendance schedule. Please note that due to high program demand, full-time enrollment is prioritized. Part-time (less than 5 days per week) is not guaranteed, and subject to availability.	
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	

STUDENT INFORMATION

First name:	Last name:
DOB (MM/DD/YY):	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Phone:	Email:
Address (# street, city, postal code):	



Languages (spoken at home):

PARENT / GUARDIAN INFORMATION

Parent / Guardian #1 - First name:	Parent / Guardian #1 - Last name:
Parent / Guardian #1 - Phone:	Parent / Guardian #1 - Email:
Parent / Guardian #1 - Address (# street, city, postal code):	
Parent / Guardian #2 - First name:	Parent / Guardian #2 - Last name:
Parent / Guardian #2 - Phone:	Parent / Guardian #2 - Email:
Parent / Guardian #2 - Address (# street, city, postal code):	

CHILD'S DEVELOPMENTAL INFORMATION

Communicates verbally: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Developing	Walks independently: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Developing
Potty-trained: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Developing	Eats / drinks independently: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Developing
Previously attended a daycare or preschool program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Requires gradual parent-child separation period? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Special needs or other clinical diagnosis? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, please specify:	
Previous or current clinical therapies or interventions? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, please specify:	
Does the child require 1:1 support in a group setting? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Important information or comments about the child's development:	

