



## **OSC Waitlist Application Form 2025-2026 School Year**

Childs Name: \_\_\_\_\_

Grade in Sept 2025: \_\_\_\_\_ Age: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Guardian Email: \_\_\_\_\_

Guardian Phone Number: \_\_\_\_\_

Applying for:

- ☐ Before School Care ONLY      Mon-Fri      6:30-8:45AM
- ☐ After School Care ONLY      Mon-Fri      2:37-6:00pm
- ☐ Before AND After School Care Mon-Fri 6:30-8:45AM/2:37-6:00pm

Does your child require any support needs?

Yes      No

If yes, please provide a brief description:

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Please send completed waitlist application to [osc@esquimalt.ca](mailto:osc@esquimalt.ca). You will receive confirmation once your application has been received.

### **OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_ Staff Initial: \_\_\_\_\_