**WAITING LIST APPLICATION**

Start date: (month) (year)

In the following program: Nursery (as of 6 months – NDG only)

Tiny Tumble Tots (as of 18 months)

Tumble Tots (as of 24 months)

Thoughtful Threes

Pre-K Fours

**CHILD INFORMATION**

Child’s Name: Boy\_\_\_ Girl\_\_\_

Date of Birth (dd-mm-yyyy):

Sibling at Orchard House:

**PARENT INFORMATION**

**Parent 1**:

Cell # : Work #:

**Parent 2**:

Cell # : Work #:

Address:

City: Postal code:

Home #:

Email:

|  |
| --- |
| Date (dd-mm-yyyy):  Parent signature:  Orchard House signature: |

*For administrative use*

|  |
| --- |
| *First Visit Fee ($175)*   * *Paid: \_\_cash \_\_credit card \_\_cheque \_\_debit*   *Application received on:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(dd-mm-yyyy)*  *Entered:\_\_\_\_ Invoiced:\_\_\_\_* |