**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*

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| *First Visit Fee ($175)** *Paid: \_\_cash \_\_credit card \_\_cheque \_\_debit*

*Application received on:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(dd-mm-yyyy)**Entered:\_\_\_\_ Invoiced:\_\_\_\_* |