



WAITING LIST APPLICATION

Start date: _____(month) _____(year)

In the following program: _____Nursery (as of 6 months)
_____Tiny Tots (as of 18 months)
_____Toddler Twos (as of 24 months)
_____Threes
_____Pre-K Fours

CHILD INFORMATION

Child's Name: _____ Boy____ Girl____
Date of Birth (dd-mm-yyyy): _____
Sibling(s) at Orchard House (current or previous): _____

PARENT CONTACT DETAILS

Parent 1: _____
Cell #: _____ Work #: _____
Email: _____

Parent 2: _____
Cell #: _____ Work #: _____
Email: _____

Address: _____
City: _____ Postal code: _____
Home #: _____

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: _____