



WAITING LIST APPLICATION

Start date: _____(month) _____(year)

In the following program: _____Nursery (as of 6 months upon joining)
_____Tiny Tots (as of 18 months by August 31st)
_____Toddler Twos (as of 24 months by September 30th)
_____Threes (as of 3 years by September 30th)
_____Pre-K Fours (as of 4 years by September 30th)

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: _____