



WAITING LIST APPLICATION

Desired 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: _____ Gender _____

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

Initial Visit Fee (\$175)

Paid: _____ cash _____ credit card _____ cheque _____ debit

Application received on: _____ (dd-mm-yyyy)

Entered: _____ Invoiced: _____