



Waiting List Application

CHILD'S INFORMATION

First name: _____ Surname: _____ Gender: _____

Date of birth: _____ Desired start date: _____

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]

Sibling(s) at Orchard House (current or previous): _____

PARENT #1

First name: _____ Surname: _____

Telephone: _____ Email address: _____

Address: _____

City: _____ Postal Code: _____

PARENT #2

First name: _____ Surname: _____

Telephone: _____ Email address: _____

Address (if different): _____

City: _____ Postal Code: _____

INITIAL VISIT FEE \$175

Payment: Cash
 Cheque
 Debit
 Credit Card # _____ Exp. _____ CVC _____

Parent's signature: _____ Date: _____

FOR ADMINISTRATIVE USE

File opened
 Payment invoiced

Orchard House signature: _____ Date: _____