

Little Acorn Care Centre Waitlist Application

Child's Name: _____ Birthdate: _____

Parent's Name: _____

Address: _____

Home #: _____ Alternate #: _____

Email address: _____

The care that my child requires:

_____ **Full-time (Monday-Friday)**

_____ **Part-time (please select days required)**

___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri

Room Preference: ___ Red Room ___ Green Room ___ Either Room

Preferred start date: _____

Signature: _____

Your space will only be guaranteed when:

Payment of the \$175.00 deposit is received.

- \$50.00 one-time non-refundable waitlist fee
- \$100.00 deposit for fees - once space is confirmed (will be applied to the last month of care for the year)
- \$25.00 annual resource fee – once space is confirmed

Accepted payment for deposit: Cash, Debit, Cheque or Credit Card.

All cheques must be made out to: Oaklands Community Association.

In addition, we require all Registration forms to be completed and signed before the first day of care.

_____ **FOR OFFICE USE ONLY** _____

Payment	\$50	\$100	\$25
Method of payment			
Date			