

# 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			