



THE ORCHARDS
at Ellerslie

**Resident Request for Day Home Provider Card
ORCHARDS CLUBHOUSE**

DAY HOME INFORMATION

Member Name _____ Last Name _____

Orchards Day Home Address _____

E-Mail _____

Primary Phone Number _____ Alternate: _____

Maximum number of day home children: _____

Child First and Last Name	Does the child live in the Orchards Community? Yes or No	Age

I, _____ have obtained consent from all parent(s)/guardian(s) to bring the children registered in my day home to the Orchards Residents Association Facility and Park. I assume full responsibility for all the day home children and their actions at all times while they are accessing any of the ORA amenities.

I am aware that all members and guests are permitted to use the ORA amenities at their own risk and are subject to the facility rules and regulations.

I understand that I am responsible to update the Clubhouse of any new child(ren) that attend my day home.

I understand that this card must be brought with me every time I enter the Clubhouse Facility & Park with my day home children.

I understand that this card is valid until December 31 each year.

Office Use Only

Date processed: _____

Expiry date: December 31

Entourage List updated on Ivrrnet

Signature of Member: _____