



**The Hospital for Sick Children  
Nurse Visitor Program Application Fee**

**VISA, MasterCard, or American Express Payment Authorization**

I authorize The Hospital for Sick Children to charge my:

**VISA          MasterCard          American Express**

Account No: | | | | | | | | | | | | | | | | | |

Account Expiry Date: | | | / | | | | (mm/yy)

Cardholder's Name:

Signature of Cardholder Required:

Total Amount to Charge: \$100.00 CAD (*please note application fees are non-refundable*)

Information can be submitted by mail as listed below, or scanned and emailed to:  
[tracy.desantis@sickkids.ca](mailto:tracy.desantis@sickkids.ca)

**OR**

**Make cheques payable to:** The Hospital for Sick Children

For the total amount: \$100.00

Send by mail to:  
The Hospital for Sick Children  
Attn: Tracy DeSantis  
Nursing & Interprofessional Education, the Learning Institute  
555 University Ave  
Toronto, Ontario, Canada  
M5G 1X9

For more information, contact Tracy DeSantis at: [tracy.desantis@sickkids.ca](mailto:tracy.desantis@sickkids.ca) or call (416) 813-6941