



2016 - 2017 Registration

Monthly Fee Schedule:

| Monthly Costs | 1 day | 2 days | 3 days | 4 days | 5 days |
|--|--------------|---------------|---------------|---------------|---------------|
| Full-day 8am to 5pm | \$ 154 | \$ 306 | \$ 458 | \$ 582 | \$ 702 |
| Half-day with lunch 8am to 12:30pm | \$ 94 | \$ 186 | \$ 278 | \$ 370 | \$ 462 |
| Half-day no lunch 8am to 11:30pm | \$ 70 | \$ 138 | \$ 206 | \$ 274 | \$ 342 |

***Please note that the full day/daily cost of care is \$38.50**

***If your child attends 2 full days a week, the daily rate is reduced to \$38.25**

***If your child attends 3 full days a week. The daily rate is reduced to \$38.16**

***If you child attends 4 full days a week, the daily rate is reduced to \$36.37**

***If your child attends 5 full days a week, the daily rate is reduced to \$35.10**

Please indicate the days you are interested in with the following codes

Full Day -FD

Half Day- HD to 11:30am

Half Day -HD to 12:30pm

_____ (Monday)

_____ (Tuesday)

_____ (Wednesday)

_____ (Thursday)

_____ (Friday)

*Please note a \$100 non-refundable deposit is required. The deposit will be directed towards your first month's tuition.

Child's Name _____
Surname First Middle

Address _____ City _____

Province _____ Postal Code _____ E-mail _____

Phone (H) _____ (W) _____ (C) _____

Child's Birthday _____ Health Card(Optional) # _____

Mother / Guardian _____ Father / Guardian _____

| OFFICE USE ONLY | | |
|------------------------|---------------------------------|------------|
| Tour Date _____ | Statement of Faith Signed _____ | |
| Teacher Approval _____ | Deposit Rec'd _____ | Chq# _____ |
| Comments _____ | | |
| _____ | | |