

Deposit Rec'vd: _____



ST. CATHERINE'S CHILDCARE SOCIETY
TWO YEAR OLD REGISTRATION FORM

For the School Year Commencing September 20__

Child's Name: _____ M ___ F ___

Parents' Names: _____

Address: _____

Postal Code: _____ Phone: _____

Email Address: _____ Date of Birth: _____

TWO YEAR OLD PROGRAM OPTIONS

Please mark down your choices in order of preference (ie: #1, #2, #3)

___ 201 – Mon/Wed – 9:00 am – 11:30 am \$3630/ year \$363/ month

___ 202 – Tue/Thurs – 9:00am – 11:30 am \$3890/ year \$389/ month

___ 203 – Mon/Wed – 12:15 pm – 2:45 pm \$3630/ year \$363/ month

Signed: _____ Date: _____

Please note any special needs your child may have: _____

*****NOTE: These sessions may change depending on enrolment.***

Sibling in: 2s
3s
4s