



Deposit Rec'vd: _____

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

School Year Commencing September 20____

Child's Name: _____ M ____ F ____

Parents' Name: _____

Address: _____

Postal Code: _____ Phone: _____

Email Address: _____ Date of Birth: _____

4 YEAR OLD PROGRAM OPTIONS:

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

___ 401 – Mon/Wed/Fri – 9:00 am – 11:30 am \$2870/ year \$287/ month

___ 402 – Tue/Thur/Fri – 9:00 am – 1:00 pm \$4810/ year \$481/ month

___ * 403 – Mon/Wed/Fri – 12:15 pm – 2:45 pm \$2870/ year \$287/ month

* You have the option of adding extra days to Class 403. Please circle all
the days you are interested in: **M T W T H F**

Signed: _____ Date: _____

Please note any special needs your child may have: _____

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

Sibling in: 3s

2s

4s