



ST. CATHERINE'S CHILDCARE SOCIETY REGISTRATION FORM

Deposit Rec'vd: \$ _____ CHQ # _____

DEPOSIT: 1ST Month's fees plus \$50.
Make cheques payable to
ST. CATHERINE'S CHILDCARE SOCIETY

Start Date: _____, 20_____

Child's Name: _____ M ___ F ___ Date of Birth: _____

Parents' Name: 1. _____ 2. _____

Address: _____

Postal Code: _____ Phone: (h) _____ (cell) _____

Email Address: _____

****Please list you #1 and #2 choice***

Discovery Twos - Born in 2019

Deposit

___ Mon/Wed: 9am – 11:30am - \$429/m \$479

___ Tue/Thu: 9am – 11:30am - \$453/m \$503

Children Born in 2017/2018

Deposit

___ MWF: 9:00am – 11:30am - \$339/m \$389

___ MWF: 9:00am – 1:00pm - \$542/m \$592

___ MWF: 9:00am – 2:45pm - \$779/m \$829

___ MWF: 12:15pm – 2:45pm - \$339/m \$389

___ T/TH: 9:00am – 11:30am - \$236/m \$286

___ T/TH: 9:00am – 1:00pm - \$378/m \$428

___ T/TH: 9:00am – 2:45pm - \$544/m \$594

___ T/TH: 12:15pm – 2:45pm - \$236/m \$286

Signed: _____ Date: _____

Please note any special needs your child may have: _____

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