

ST. CATHERINE'S CHILDCARE SOCIETY REGISTRATION FORM

Deposit Received: \$ _____ 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: ____ / ____ / 20____
First Name Last Name Month Day Year

Parents' Name: 1. _____ 2. _____

Address: _____

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

Email Address: _____

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

<u>Discovery Twos - Born in 2020</u>	<u>Monthly Fee</u>	<u>Deposit</u>
_____ Mon/Wed: 9am – 11:30am	\$445.55/m	\$495.55
_____ Tue/Thu: 9am – 11:30am	\$477.37/m	\$527.37

<u>Children Born in 2019/2018</u>	<u>Monthly Fee</u>	<u>Deposit</u>
_____ MWF: 9:00am – 11:30am	\$345.28/m	\$395.28
_____ MWF: 9:00am – 1:00pm	\$552.44/m	\$602.44
_____ MWF: 9:00am – 2:45pm	\$794.14/m	\$844.14
_____ MWF: 12:15pm – 2:45pm	\$345.28/m	\$395.28
_____ T/TH: 9:00am – 11:30am	\$249.00/m	\$299.00
_____ T/TH: 9:00am – 1:00pm	\$398.40/m	\$448.40
_____ T/TH: 9:00am – 2:45pm	\$572.70/m	\$622.70
_____ T/TH: 12:15pm – 2:45pm	\$249.00/m	\$299.00

Signed: _____ Date: _____

Please note any special needs your child may have: _____

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