

Receipt # _____
(For office use only)

Parent's Name(s) _____

Child's Name _____

MALE FEMALE

Birth Date ____/____/____

Address: _____
Street, City, Province, Postal Code

Work Phone _____ Home Phone _____

E-mail: _____

Do you currently have a Family Membership at the Soloway JCC? Yes No
(In order to qualify for member pricing, you must have a current Family Membership.)

Full Day Preschool	8:30 am-5:00 pm
2 Year Old Program	<input type="radio"/> Tues & Thurs <i>(birthdate between Jul 1 & Dec 31, 2015)</i>
	<input type="radio"/> Mon, Wed & Fri <i>(birthdate between Jan 1 & June 30, 2015)</i>
	<input type="radio"/> Mon-Fri
3 Year Old Program	<input type="radio"/> Tues & Thurs
	<input type="radio"/> Mon, Wed & Fri
	<input type="radio"/> Mon-Fri
4 Year Old Program (Junior Kindergarten)	<input type="radio"/> Mon-Fri

Half Day Preschool	8:30 am-12:30 pm
2 Year Old Program	<input type="radio"/> Tues & Thurs
	<input type="radio"/> Mon, Wed & Fri
	<input type="radio"/> Mon-Fri
3 Year Old Program	<input type="radio"/> Tues & Thurs
	<input type="radio"/> Mon, Wed & Fri
	<input type="radio"/> Mon-Fri
4 Year Old Program (Junior Kindergarten)	<input type="radio"/> Mon-Fri

Early Drop Off 7:30 am – 8:30 am

Monday Tuesday Wednesday
 Thursday Friday

After School Care 5:00 pm – 6:00 pm

Monday Tuesday Wednesday
 Thursday Friday

Payment Plans & Refund Policy

- A non-refundable deposit of 50% of the first month's preschool tuition is required at the time of registration and will be applied towards your first tuition payment.
- Payment arrangements must be completed at time of registration.

Deposit

50% of the first month's preschool tuition

- Cheque Visa
 Mastercard AMEX

Credit Card # _____

Expiry Date: _____

Payment Plan

1 full payment monthly payments

- Cheque Visa
 Mastercard AMEX

Credit Card # _____

Expiry Date: _____

Signature _____ **Date** _____