



Receipt Number: _____ (For office use only)

Parent 1: _____ Parent 2: _____

Child's Name: _____ Birth Date: ____/____/____ Male Female

Address: _____ City: _____ Province: _____ Postal Code: _____

Home Phone: _____ E-mail address: _____

Parent 1 Work Phone: _____ Cell Phone: _____

Parent 2 Work Phone: _____ Cell Phone: _____

Do you currently have a Family Membership at the Soloway JCC? Yes No

(To qualify for member pricing for Ganon you must have a SJCC Family Membership for the duration of your child's time in the preschool.)

2 Year Old Program

Monday to Friday	Full Days (includes lunch)	Half Days (includes lunch)
Members	<input type="checkbox"/> \$1310	<input type="checkbox"/> \$810
Non Members	<input type="checkbox"/> \$1520	<input type="checkbox"/> \$935

Monday, Wednesday, Friday	Full Days	Half Days
Members	<input type="checkbox"/> \$850	<input type="checkbox"/> \$540
Non Members	<input type="checkbox"/> \$1005	<input type="checkbox"/> \$625

Tuesday and Thursday	Full Days	Half Days
Members	<input type="checkbox"/> \$595	<input type="checkbox"/> \$365
Non-Members	<input type="checkbox"/> \$695	<input type="checkbox"/> \$425

3 Year Old Program

Monday to Friday	Full Days	Half Days
Members	<input type="checkbox"/> \$1135	<input type="checkbox"/> \$620
Non Members	<input type="checkbox"/> \$1340	<input type="checkbox"/> \$730

Monday, Wednesday, Friday	Full Days	Half Days
Members	<input type="checkbox"/> \$720	<input type="checkbox"/> \$415
Non Members	<input type="checkbox"/> \$865	<input type="checkbox"/> \$485

Tuesday and Thursday	Full Days	Half Days
Members	<input type="checkbox"/> \$485	<input type="checkbox"/> \$280
Non-Members	<input type="checkbox"/> \$575	<input type="checkbox"/> \$335

Junior Kindergarten (4 Years Old) Program

Monday to Friday	Full Days	Half Days
Members	<input type="checkbox"/> \$1135	<input type="checkbox"/> \$620
Non Members	<input type="checkbox"/> \$1340	<input type="checkbox"/> \$730

Early Drop Off: 7:30 am - 8:30 am
\$7/day per month. Drop in: \$10

- Monday Wednesday Friday
 Tuesday Thursday

After School Care: 5:00 pm - 6:00 pm
\$7/day per month. Drop in: \$10

- Monday Wednesday Friday
 Tuesday Thursday

Minimum three children required to run program

Refund Policy & Payment Plans

- 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.
- Changes after Sept. 1, 2019 are subject to a \$45 administrative fee
- Changes that reduce hours of care are subject to a one month fee.

Deposit

50% of the first month's preschool tuition.

- Cheque Visa
 MasterCard AMEX

Credit Card: _____
Expiry Date: _____

Payment Plan

2% fee is added for credit card payments

- One full payment Monthly Payments
 Cheque Visa
 MasterCard AMEX

Credit Card: _____
Expiry Date: _____

Signature: _____ Date: _____

By signing this form I accept the terms and conditions of the form and agree to pay the fees as per above.