

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm dd yyyy

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Primary e-mail address: \_\_\_\_\_

Parent 1 \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Parent 2 \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

### Ganon Scheduling Options and Monthly Pricing

#### FULL DAYS

	SJCC Members	Non Members
<i>Monday to Friday</i>	\$1280 <input type="checkbox"/>	\$1590 <input type="checkbox"/>
<i>Monday to Friday Half Days</i>	\$700 <input type="checkbox"/>	\$860 <input type="checkbox"/>

**Early Morning Care** runs from 7:30 – 8:30  
**After Care** runs from 5:00 – 6:00

.....  
 \$7/day – Monthly Rate  
 \$10 – Drop in

#### ADD AN AFTERNOON

*Subject to availability*

- Monday**  
Art

---

- Tuesday**  
Body Movement (Gym)

---

- Wednesday**  
Music

---

- Thursday**  
Swimming Lessons

---

- Friday**  
Science

SJCC Members	Non Members
\$170	\$200

#### FOR OFFICE USE ONLY

$$\underline{\hspace{2cm}} + \underline{\hspace{2cm}} \left( \underline{\hspace{2cm}} \right) = \underline{\hspace{2cm}}$$

Mon-Fri Price      # of Afternoons      (afternoon price)      Monthly Rate

## Refund Policy and 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
- Tax forms will be under the name of the payee
- In order to receive membership pricing, a membership must be purchased no later than August 15, 2022 and must be valid for the duration of the school year
- There will be no price adjustments for memberships purchased after August 15, 2022
- Changes after Sept. 1, 2022 are subject to a \$45 administrative fee
- Changes that reduce hours of care are subject to a 1-month fee

## Deposit

50% of the first month's preschool tuition

- Cheque
- Credit card

Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_