

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

Monday to Friday \$605

Monday, Wednesday, Friday \$388

Early Morning Care runs from 7:30 – 8:30

After Care runs from 5:00 – 6:00



\$2.50/day – Monthly Rate

\$4 – Drop in

OR

CUSTOMIZE YOUR SCHEDULE

Subject to availability

Must register for a minimum of 2 mornings per week

Must be registered in the morning in order to be eligible for same day afternoon spot (ie. Must be registered Monday morning in order to register Monday afternoon)

MORNING	\$82	AFTERNOON	\$76
<input type="checkbox"/> Monday		<input type="checkbox"/> Monday Art	
<input type="checkbox"/> Tuesday		<input type="checkbox"/> Tuesday Body Movement (Gym)	
<input type="checkbox"/> Wednesday		<input type="checkbox"/> Wednesday Music	
<input type="checkbox"/> Thursday		<input type="checkbox"/> Thursday Swimming Lessons	
<input type="checkbox"/> Friday		<input type="checkbox"/> Friday Science	

FOR OFFICE USE ONLY

_____ x \$ _____ = _____
 # of Mornings Price

_____ x \$ _____ = _____
 # of Afternoons Price

TOTAL = _____
 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
- You must be a member of the Soloway JCC in order to register for the Ganon Preschool. A membership must be purchased by August 31, 2023.
- Changes after Sept. 1, 2023 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: _____