

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 ☐ \$673

Monday, Wednesday, Friday ☐ \$443

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

After Care runs from 5:00 – 6:00

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\$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	\$93	AFTERNOON	\$82
<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, 2024.
- Changes after Sept. 1, 2024 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: _____ CCV: _____

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

Signature: _____ Date: _____