

# 2025/2026 Program Registration

☐ **2 Year Old Program**      ☐ **3 Year Old Program**      ☐ **Junior Kindergarten Program**

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Month/Day/Year

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

## Parent Information

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

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

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

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

## Ganon Scheduling Options and Monthly Pricing

**Full Days**

☐ **Monday to Friday**  
\$398<sup>20</sup>

☐ **Monday, Wednesday, Friday**  
\$264

## 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 for Monday afternoon)

<b>MORNING</b> \$14	<b>AFTERNOON</b> \$12
<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 equal to the first month's preschool tuition is required at the time of registration and will be applied to 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, 2025.
- Changes after Sept. 1, 2025 are subject to a \$45 administrative fee
- Changes that reduce hours of care are subject to a 1-month fee

## Deposit

First month's preschool tuition:

- ☐ Cheque
- ☐ Credit card

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

Credit Card Number: \_\_\_\_\_ Expiry: \_\_\_\_\_ CCV: \_\_\_\_\_

*By signing this form, I acknowledge that I have read and understood the terms and conditions and agree to pay the fees as outlined above.*

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