



FINANCIAL COMMITMENT FORM Childcare 2018-2019 • Fleetwood Campus

Name of parents: _____
First Name Last Name

Name of 1st child to be registered: _____
First Name Last Name

Name of 2nd child to be registered: _____
First Name Last Name

Home address: _____
House Street City Postal Code

Home phone: _____ Cell phone: _____

Parent email address: _____ Start date: _____

I consent to pay the school fees as outlined below: _____
Parent/guardian signature

Early Learning Program rates

- \$260 — M/W/F 9:00am-1:00pm \$215 — T/TH 9:00am-1:00pm
 \$160 — T/TH 8:30-11:30am \$140 — T/TH 12:15-2:45pm

Before and After School Childcare 5 days a week monthly rates

- \$125 AM only
 \$235 PM only
 \$355 Full rate

Before and After School Childcare part-time rates

- | | 2 days a week | 3 days a week |
|---------|---------------------------------|---------------------------------|
| AM only | <input type="checkbox"/> \$ 60 | <input type="checkbox"/> \$ 83 |
| PM only | <input type="checkbox"/> \$ 120 | <input type="checkbox"/> \$ 165 |
| AM & PM | <input type="checkbox"/> \$ 175 | <input type="checkbox"/> \$ 245 |

The Out of School Care Program is closed on the following days: Professional days, first day of school, snow days (if any), Christmas Break, Spring Break, day after last day of school in June, last week of August.

- I will pay the fees in full on the first day of school
- I will pay the fees monthly on the first of the month by pre-authorized payments. A Pre-Authorized Debit Consent Form is required. Please complete and return to school with a void cheque as soon as possible to complete registration. (For new families only.)

Who will be paying the tuition fees?

- Parent
- Government subsidy—note there is always a parent portion that is required to be paid

Other: _____
Full Name Phone # Email Address