



FINANCIAL COMMITMENT FORM Childcare 2019-2020 • 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

Preschool Program rates

- \$268 — M/W 9:00am-1:00pm; Friday 9:15am-1:15pm
- \$220 — T/TH 9:00am-1:00pm

Before and After School Childcare 5 days a week monthly rates

- \$129 AM only
- \$242 PM only
- \$365 Full rate

Before and After School Childcare part-time monthly rates

	2 days a week	3 days a week
AM only	<input type="checkbox"/> \$ 62	<input type="checkbox"/> \$ 85
PM only	<input type="checkbox"/> \$ 124	<input type="checkbox"/> \$ 170
AM & PM	<input type="checkbox"/> \$ 180	<input type="checkbox"/> \$ 252

- 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