

Orde Day Care

18 Orde Street Toronto, ON M5T 1N7 416.598.3412 fax 416.598.3625
 132 St. Patrick Street Toronto, ON M5T 1V1 416.591.0040



PART-TIME REGISTRATION FORM

Due the 15th of the month before childcare is being requested
Register Electronically: save this form on your computer and then send it
 as an attachment to admin@ordedaycare.org

Is your child currently registered with Orde Day Care?

March 2013

| | | MON | TUE | WED | THUR | FRI | Total |
|----------------------------------|----------|-----|-----|-----|------|-----|-------|
| | | | | | | | 1 |
| Before School Care 7:30 - 8:35 | \$ 8.75 | | | | | | |
| After School Program 3:35 - 6:00 | \$ 15.75 | | | | | | |

| | | MON | TUE | WED | THUR | FRI | |
|----------------------------------|----------|-----|-----|-----|------|-----|--|
| | | 4 | 5 | 6 | 7 | 8 | |
| Before School Care 7:30 - 8:35 | \$ 8.75 | | | | | | |
| After School Program 3:35 - 6:00 | \$ 15.75 | | | | | | |

| | | MON | TUE | WED | THUR | FRI | |
|-------------|---------|-----|-----|-----|------|-----|--|
| | | 11 | 12 | 13 | 14 | 15 | |
| MARCH BREAK | \$45.00 | | | | | | |

| | | MON | TUE | WED | THUR | FRI | |
|----------------------------------|----------|-----|-----|-----|------|-----|--|
| | | 18 | 19 | 20 | 21 | 22 | |
| Before School Care 7:30 - 8:35 | \$ 8.75 | | | | | | |
| After School Program 3:35 - 6:00 | \$ 15.75 | | | | | | |

| | | MON | TUE | WED | THUR | FRI | |
|----------------------------------|----------|-----|-----|-----|------|--------|--|
| | | 25 | 26 | 27 | 28 | 29 | |
| Before School Care 7:30 - 8:35 | \$ 8.75 | | | | | STAT | |
| After School Program 3:35 - 6:00 | \$ 15.75 | | | | | CLOSED | |

Good Friday regular fees apply

Sub-Total

March Monthly Fees

| | | |
|--------------------|-----------|----------------------|
| a.m. monthly rate | \$ 140.00 | <input type="text"/> |
| lunch monthly rate | \$ 172.00 | <input type="text"/> |
| p.m. monthly rate | \$ 252.00 | <input type="text"/> |

Total Fees

MARCH FULL-TIME RATE: \$693

Please bring your cheque for this amount into the office for the 1st of the month along with a copy of this completed form

CHILD'S NAME: _____

DAY CARE RM# _____

PARENT / GUARDIAN SIGNATURE: _____

All statutory holidays will be charged as a regularly attended day according to your monthly pattern.

No refunds will be given for sick or absent days.

One month notice must be given for withdrawals.

Additional days may be accommodated, must arrange with a supervisor.