



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 2014

Monthly Fees

MARCH FULL-TIME RATE: \$703.60

| | | |
|--------------------|-----------|--|
| a.m. monthly rate | \$ 133.50 | <input style="width: 90%;" type="text"/> |
| lunch monthly rate | \$ 163.50 | <input style="width: 90%;" type="text"/> |
| p.m. monthly rate | \$ 240.00 | <input style="width: 90%;" type="text"/> |

Sub-Total

| | MON 3 | TUE 4 | WED 5 | THUR 6 | FRI 7 | Total |
|----------------------------------|----------|----------|----------|-----------|----------|-------|
| Before School Care 7:30 - 8:35 | \$ 8.90 | | | | PD | |
| After School Program 3:35 - 6:00 | \$ 16.00 | | | | DAY | |
| PA DAY FRIDAY, MARCH 7 | \$ 45.70 | | | | | |

| | MON 10 | TUE 11 | WED 12 | THUR 13 | FRI 14 | Total |
|--------------------|-----------|-----------|-----------|------------|-----------|-------|
| MARCH BREAK | \$45.70 | | | | | |

| | MON 17 | TUE 18 | WED 19 | THUR 20 | FRI 21 | Total |
|----------------------------------|-----------|-----------|-----------|------------|-----------|-------|
| Before School Care 7:30 - 8:35 | \$ 8.90 | | | | | |
| After School Program 3:35 - 6:00 | \$ 16.00 | | | | | |

| | MON 24 | TUE 25 | WED 26 | THUR 27 | FRI 28 | Total |
|----------------------------------|-----------|-----------|-----------|------------|-----------|-------|
| Before School Care 7:30 - 8:35 | \$ 8.90 | | | | | |
| After School Program 3:35 - 6:00 | \$ 16.00 | | | | | |

| | MON 31 | TUE | WED | THUR | FRI | Total |
|----------------------------------|-----------|-----|-----|------|-----|-------|
| Before School Care 7:30 - 8:35 | \$ 8.90 | | | | | |
| After School Program 3:35 - 6:00 | \$ 16.00 | | | | | |

Sub-Total

Total Fees

MARCH FULL-TIME RATE: \$703.60

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.