

# FULL YEAR CHILDREN'S CARE PROGRAMS\*

**PROGRAM REGISTRATION • SEPTEMBER 2024 – JUNE 2025**

*\*busing included in the fees*



Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age and Grade in 2024/25 Year: \_\_\_\_\_

School in 2024/25 Year: \_\_\_\_\_

**A non-refundable \$100 deposit fee (and \$20 for each additional child) is required upon full year registration.**

PROGRAM	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<b>Kids R Us Afternoon (12-3PM) Kindergarten</b> Busing available from: Chinook Park, Nellie McClung, Louis Riel, CJA**	<input type="checkbox"/> \$157/month	<input type="checkbox"/> \$157/month	<input type="checkbox"/> \$157/month	<input type="checkbox"/> \$157/month	<input type="checkbox"/> \$157/month
<b>Kindergarten Alternating Fridays (8AM-12PM)</b>					<input type="checkbox"/> \$31/day
<b>Beyond the Bell (3-6PM) Grades K-6</b> Busing available from: Chinook Park, Nellie McClung, Louis Riel, CJA**	<input type="checkbox"/> \$98/month	<input type="checkbox"/> \$98/month	<input type="checkbox"/> \$98/month	<input type="checkbox"/> \$98/month	<input type="checkbox"/> \$98/month
<b>Before School Care (7-8AM) Grades K-6</b> Busing available to: Chinook Park, Nellie McClung	<input type="checkbox"/> \$33/month	<input type="checkbox"/> \$33/month	<input type="checkbox"/> \$33/month	<input type="checkbox"/> \$33/month	<input type="checkbox"/> \$33/month
<b>Friday Fun – Extended Care (12-3PM) Grades 1-6</b> Busing available from: Chinook Park, Nellie McClung, Louis Riel**					<input type="checkbox"/> \$126/month

**Once your registration is processed, an email will be sent to confirm your child's program enrollment.**

*\*\*Picked up at individual dismissal times.*

**Payments are made on the first business day of each month (for 10 months – September to June) and are inclusive of all registrations for that upcoming month. PLEASE NOTE: An active JCC family membership is required to participate in our full year programs.**

I hereby authorize Paperny Family JCC to withdraw and issue payments on the first of each month from September 2024 to June 2025 inclusive, for the purpose of paying for full year program fees. I also authorize the JCC to deduct any extra charges incurred for these programs.

In the event that a payment is returned for any reason, I authorize Paperny Family JCC to extend the payment to ensure that full payment is made. As well, I understand the refund policy whereby I must provide one month written notice.

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

*Include all emails that require program information.*

**My preferred method of payment is (please check one):**

Credit Card # \_\_\_\_\_ Expiry Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Automatic bank withdrawals (please provide a void cheque) each month.

<b>- OFFICE USE ONLY -</b>
<b>Total Amount \$</b>
_____ /month