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 as an atta | | | - | | • | | send it | |
| | | | | | red with (| | y Care? | |
| April 2014 | 3 | | | | | | _ | |
| Monthly Fees | | | | | | APR | RIL FULL-TI | ME RATE : \$737 |
| a.m. monthly rate | \$ | 186.90 | | | | | | |
| lunch monthly rate | \$ | 228.90 | | | | | | |
| p.m. monthly rate | \$ | 336.00 | | | | | _ | |
| | | | | Sub-Total | | | | |
| | | | MON | TUE | WED | THUR | FRI | Total |
| | | | | 1 | 2 | 3 | 4 | |
| Before School Care 7:30 - 8:35 | \$ | 8.90 | | | | | | |
| After School Program 3:35 - 6:00 | 1 | 16.00 | | | | | | |
| | | | MON | TUE | WED | THUR | FRI | |
| | | | 7 | 8 | 9 | 10 | 11 | |
| Before School Care 7:30 - 8:35 | \$ | 8.90 | | | | | | |
| After School Program 3:35 - 6:00 | Φ | 10.00 | | | | | | |
| | | | MON | TUE | WED | THUR | FRI | |
| | Ļ | 2.00 | 14 | 15 | 16 | 17 | 18 | |
| Before School Care 7:30 - 8:35 After School Program 3:35 - 6:00 | \$ | 8.90 | | | | | STAT closed | |
| Good Friday Regular fees apply | Ψ | 10.00 | | | | | Closed | |
| 3 0 113 | | | | | | | | |
| | | | MON | TUE | WED | THUR | FRI | |
| Before School Care 7:30 - 8:35 | \$ | 8.90 | 22 PD | 23 | 24 | 25 | 26 | |
| After School Program 3:35 - 6:00 | \$ | | DAY | | | | | |
| EASTER MONDAY MONDAY, APRIL 22 | \$ | 45.70 | | | | | | |
| | | | MON | TUE | WED | THUR | FRI | |
| | | | 28 | 29 | 30 | HOK | TKI | |
| Before School Care 7:30 - 8:35 After School Program 3:35 - 6:00 | \$ | 8.90 16.00 | | | | | | |
| 7.1.c. 55.1.551115gram 5.55 0.00 | | 10.00 | | | | S | ub-Total | |
| | | | | | | Tc | otal Fees | |
| | | | | | PI | | - | ue for this amount |
| | | | | | | office for th | ne 1st of the | month along with s completed form |
| | | | | | | a | copy or un | 3 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. | | | | | | | | |