

Rec and Roll Registration Request – April to June

Child's Name _____
 Guardian Name _____
 Contact Phone Number _____

- My child is attending Kindergarten in 2019/2020
 My child will receive Child Care Benefits

*All registration documents must be submitted or on file AND you must have a Perfect Mind account.
 *Circle ALL the days that you would like your child registered. Each child must have their own form.
 *Cancellation Policy: **Daily** cancellations require 72h notice, **Monthly** cancellations require 1 month notice.
 *Changes to registrations will be accepted, after Feb 17, by emailing licensedcare@williamslake.ca

April 2020

M	T	W	Th	F
		1	2	3
6	7	8	9	Good Friday
Easter Monday	14	15	16	17
20	21	22	23	24 Pro D
27	28	29	30	

Fees will be adjusted for Non-Access Pass holders

April Monthly Rate: \$294.50	=	_____
Total Number of Days _____	X \$17.50=	_____
Pro D Day - Apr 24 _____	X \$33.50=	_____
Total Cost: _____		
Payment: <i>Only monthly registrations eligible for postdated payments.</i>		
Cash/Debit _____	Credit Card _____	Cheque # _____
Parent Initial _____	Staff Initial _____	

May 2020

M	T	W	Th	F
				1
4	5	6	7	8 Pro D
11	12	13	14	15
Victoria Day	19	20	21	22
25	26	27	28	29

May Monthly Rate: \$294.50	=	_____
Total Number of Days _____	X \$17.50=	_____
Pro D Day - May 8 _____	X \$33.50=	_____
Total Cost: _____		
Payment: <i>Only monthly registrations eligible for postdated payments.</i>		
Cash/Debit _____	Credit Card _____	Cheque # _____
Parent Initial _____	Staff Initial _____	

June 2020

M	T	W	Th	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25 Last Day	

June Monthly Rate: \$294.50	=	_____
Total Number of Days _____	X \$17.50=	_____
Total Cost: _____		
Payment: <i>Only monthly registrations eligible for postdated payments.</i>		
Cash/Debit _____	Credit Card _____	Cheque # _____
Parent Initial _____	Staff Initial _____	

Credit Card # _____
Exp Date ____/____ CVC# _____
<input type="checkbox"/> Use credit card on file

Office Use	Date	Time	Staff
Received	_____	_____	_____
Entered	_____	_____	_____
Guardian Contacted	_____	_____	_____

I understand that this is a registration request and does not guarantee a space in Rec and Roll.

Parent Signature _____ Date _____

For registration questions, call: 250-398-7665
 or email: licensedcare@williamslake.ca