WINDRIDGE CHILDCARE CI			egistrat	Childcare tion Form School Ye		start 1	Date:				
Child's Name:											
	First Name	l		Last Name	1						
Male:		F	emale:								
Address:											
	Street Addr	ess									
	City, Prov		1								
Postal Code:			Email:								
	Postal Code		- r			1					
Birthdate:											
	Day		Month		Year						
Parents/Guard	ians:										
		Name				Phone					
Siblings:				Age:							
				Age:							
				Age:							
				nge.							
_		_									
Group Experie	nces aw	ay from H	lome:								
Does your child	l have a	ny specifi	c needs	?							
Monthly fees: A	\$50 annua	al registratio	n fee is p	ayable upor	n registra	tion. This fe	e is no	n-ref	funda	ble.	
	Мо	rnings	Afte	rnoons	Scho	ool Day	W	HIC	HD	AY	S?
Days Per Week	8:30an	n-12:30pm	1:00pr	n-3:30pm		n-3:30pm	М	Т	W	Т	IF
2 *	\$240.00		\$180.00		\$420.00		\vdash				┟──╢
									L		
3 *	\$360.00		\$270.00		\$630.00						
									r –		
4 *	\$480.00		\$360.00		\$840.00						
5 *	\$600.00		\$450.00		\$978.50						
*Note: Windridge Park Ch received to reduce fees. Rec	ductions deper	nd on the child's a									
and age. Subject to change as the CCFRI program evolves. Post-dated cheques dated the 1st of each month (Sep. 2025-June 2026) will be collected on the first day of											
		ay be su									
accept cash, chequ											
child's schedule.											
Signature:						Date:					