



2024 SUMMER REGISTRATION FORM

Child's first and last name _____ Date of Birth: Month: _____ Day: _____ Year: _____

Please indicate below which week(s) you wish to register your child(ren).

Week of:	Circle one		Week of:	Circle one	
July 2-5 CLOSED July 1st	Yes	No	August 6 - 9 CLOSED Aug 5th	Yes	No
July 8-12	Yes	No	August 12-16	Yes	No
July 15-19	Yes	No	August 19-23	Yes	No
July 22-26	Yes	No	August 26-30	CLOSED	
July 29-Aug 2	Yes	No	CHILDCARE RE- OPENS ON SEPTEMBER 3, 2024		

WEEKLY FEES

Age Group	Weekly Fee	
PRESCHOOL	\$108.67 CWELCC FUNDED RATE	FEES INCLUDE LUNCHES AND SNACKS
KINDERGARTEN	\$108.67 CWELCC FUNDED RATE	
SCHOOL-AGE	\$245.00	

I agree to have the following amounts withdrawn from my account (if you have more than one child, **RRCCP** will add the fees together and withdraw ONE TOTAL AMOUNT PER FAMILY).

\$ _____ due July 1, 2024 \$ _____ due August 1, 2024

I (we) acknowledge that, because of the need to plan the summer program in advance, a **\$20.00 administration fee will be charged for changes or cancellations that are made after May 10, 2024.**

A minimum of **two weeks'** notice is required for cancellations for our summer program; otherwise, full fees will apply without refunds.

- Fees to be paid by Automatic withdrawal.
- Include a void cheque with this form of you are a new family to our program.

I (we) acknowledge that I (we) have read and understood all the provisions contained in this Summer Registration form and payment agreement.

Parent/Guardian name

Parent/guardian Signature

Date

Parent/Guardian name

Parent/guardian Signature

Date