



2025 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).

FEEES FOR CHILDREN 2 1/5 -5 years 11 months old (this is your rate)

Week of:	Fee	Circle one		Week of:	Fee	Circle one	
JULY (WED) 2-4 CLOSED JULY 1	\$65.00	Yes	No	AUG 5-8 CLOSED AUG 4	\$87.00	Yes	No
JULY 7-11	\$108.67	Yes	No	AUG 11-15	\$108.67	Yes	No
JULY 14-18	\$108.67	Yes	No	AUG 18-22	\$108.67	Yes	No
JULY 21-25	\$108.67	Yes	No	AUG 25-29		CLOSED	
JULY 28-AUG 1	\$108.67	Yes	No	CHILDCARE RE- OPENS ON SEPTEMBER 2, 2025			

FEEES FOR CHILDREN 6 and up (once your child turns 6 this is your rate)

Week of:	Fee	Circle one		Week of:	Fee	Circle one	
JULY (WED-FRI) 2-4 CLOSED JULY 1	\$150.00	Yes	No	AUG 5-8 CLOSED AUG 4	\$200.00	Yes	No
JULY 7-11	\$250.00	Yes	No	AUG 11-15	\$250.00	Yes	No
JULY 14-18	\$250.00	Yes	No	AUG 18-22	\$250.00	Yes	No
JULY 21-25	\$250.00	Yes	No	AUG 25-29		CLOSED	
JULY 28-AUG 1	\$250.00	Yes	No	CHILDCARE RE- OPENS ON SEPTEMBER 2, 2025			

I agree to have the following amounts withdrawn from my account (if you have more than one child, **RRCCP** will add the fees together and withdraw ONE TOTAL AMOUNT PER FAMILY).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, 2025 \$ _____ due August 1, 2025

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 9, 2025.**

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