



University Hill Preschool

5210 University Blvd, Vancouver BC V6T2H5 (604) 228-8610
www.universityhillpreschool.com

APPLICATION FOR 2017 - 2018

NAME OF CHILD: _____
Surname Given Name

DATE OF BIRTH: _____ START DATE: _____

PROGRAM ATTENDING:

- Morning PART-TIME 3-year old (2-days per week) Mon/Wed Tues/Thurs
- Morning FULL-TIME 3-year old (4-days per week)
- Afternoon FULL-TIME 4 year old (4-days per week)

APPLICATION CHECKLIST: Please make cheques payable to University Hill Preschool:

1. **Registration Fee** (non-refundable): *Today's Date* and in the amount of
 ___ \$100.00 for regular fall enrollment starting in September 2017
 ___ \$ 50.00 for children starting in January 2018
2. **Deposit of June's Tuition** (non-refundable): *Today's Date* and in the amount of
 ___ \$ 200.00 for morning PART-TIME 3 year old program
 ___ \$ 345.00 for morning FULL-TIME 3 year old program
 ___ \$ 380.00 for afternoon FULL-TIME 4 year old program
3. **Post-dated Tuition Cheques for the Remaining Months:**
 ___ * for regular fall enrollment (9 cheques) September 1, 2017 - May 1, 2018
 ___ * for children starting in January (5 cheques) January 1, 2017 - May 1, 2018
4. Tuition fees are subject to minimal increase on yearly basis voted on as needed by the parent board of directors.

REFUND POLICY: Withdrawal & Extended Absence

1. Once the application and cheques have been received by the registrar, **both the registration fee and deposit become non-refundable.**
2. The remaining tuition (excluding the non-refundable deposit of June's tuition) is refundable if a student leaves the program with one month's written notice. If your child is scheduled to begin in September, notice of withdrawal must be received by July 31st.
3. **Please note:** No tuition will be refunded for April or May of the current school year unless written notice of withdrawal is given before February 28, 2018.
4. For extended absence, tuition payment for the days of absence is required to hold your child's spot in the program.

I hereby certify that I have read the above information and I agree to the Refund Policy.

Name of Parent/Guardian: (Print) _____

Address: _____

Phone: _____ Email: _____

Signature of a Parent/Guardian: _____ Date: _____