



For Office Use Only:
Code: _____
Status: _____

**EARLY CHILDHOOD CENTRE
AT HOLY BLOSSOM TEMPLE**
1950 Bathurst Street Toronto, Ontario M5P 3K9
Phone: 416-789-3291 ext. 240 Fax: 416-789-9697
phamovitch@holyblossom.org

PRE-NURSERY/NURSERY/EXTENDED DAY APPLICATION FORM 2019/2020

PLEASE CHECK ONE OF THE FOLLOWING...

- o **Pre-Nursery:** M/W/F (children born July-December 2017)
- o **Pre-Nursery:** M/W/F (children born January-June 2017)
- o **Pre-Nursery** 5 mornings per week (children born January-June 2017)
- o **Nursery:** 5 Mornings per week (Children must be 3 by December 2018)
- For Nursery Children** - afternoon enrichment (hot lunch and program until 3 pm)
 - o 1 or 2 or 3 or 4 Extended Days: please indicate choices of M_T_W_Th_

Child's Last Name: _____ First Name: _____

Date of Birth: Month: _____ Day: _____ Year: _____ M_ F_

PLEASE ATTACH BIRTH CERTIFICATE)

Address: _____ City: _____

Postal Code: _____ Primary Telephone: _____

PARENT 1

Mr. ___ Mrs. ___ Ms. ___ Miss ___ Dr. ___ Other: _____

Last Name: _____ First Name: _____

Business Address: _____ Place of Work: _____

City: _____ Postal Code _____

Bus. Tel: _____ Cell: _____ e-mail: _____

PARENT 2

Mr. ___ Mrs. ___ Ms. ___ Miss ___ Dr. ___ Other: _____

Last Name: _____ First Name: _____

Business Address: _____ Place of Work: _____

City: _____ Postal Code _____

Bus. Tel: _____ Cell: _____ e-mail: _____

If either parent's address is different from the child's, please include name of parent, full home address and phone number

CONGREGATIONAL AFFILIATION:

Holy Blossom Temple Member: _____ Since: _____ *

I am a member of _____ congregation.

* If you are registering as a Member of Holy Blossom Temple, you must remain a member in good standing throughout the duration of your child’s education in our school. Failure to comply may result in the forfeiting of your child’s spot.

APPLICATION DEPOSIT POLICY

A deposit is required with each application (please see the fee schedule for the required deposit amounts). **If you are registering for the Extended Day, an additional deposit is required. This initial deposit automatically becomes non-refundable once the space you have requested is offered to you in writing. In order to confirm your acceptance of a position for your child, an additional installment will be required.

Please note: Processing your payment is not an indication of acceptance. Your initial deposit will only be returned SHOULD Holy Blossom NOT BE ABLE TO offer you a spot.

In the unlikely event that minimum class sizes are not reached by April 5th 2019, Holy Blossom Temple reserves the right to cancel the class. In such cases, you will be provided with a full refund of all monies paid.

The two initial deposits are non-refundable and non-transferable. However, if a written request is made prior to March 24th 2019, \$300.00 will be refunded from the second deposit.

I HAVE READ AND UNDERSTAND THE ABOVE POLICIES.

Signature:_____ Date:_____

Written notification of acceptance by November 9th 2018.

** Students in our Pre-Nursery Program will have priority registration for Nursery until October 31st 2018.

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Birth Certificate (copy) attached _____	
Deposit received:_____	Cheque # _____ Visa _____
Date Application received: _____	
Admission Date: _____	Discharge Date: _____

Early Childhood Centre at Holy Blossom - Fee and Payment Schedule 2019/2020

Programs	Hours	Deposit	Acceptance Deposit	1st installment	2nd installment	3rd installment	Total Tuition
3 day Pre-Nursery M/W/F	9-11:30	\$400.00	\$400.00	(May 2019) \$1136.66	(July 2019) \$1136.67	(Sept.2019) \$1136.67	\$4210.00
5-day Pre-Nursery	9-11:30	\$500.00	\$500.00	\$2128.33 (May 2019)	\$2128.33 (July 2019)	\$2128.34 (Sept 2019)	\$7385.00
Nursery 5 day only	9-11:45	\$500.00	\$500.00	\$1781.66 (May 2019)	\$1781.67 (July 2019)	\$1781.67 (Sept 2019)	\$6345.00
1 extended day*	11:45-3:00	\$300.00	\$500	(May 2019) \$283.33	(July 2019) \$283.33	(Sept 2019) \$283.34	\$1650
2 extended days*	11:45 – 3:00	\$300.00	\$500.00	(May 2019) \$783.33	(July 2019) 783.33	(Sept 2019) \$783.34	\$3150.00
3 extended day*	11:45 – 3:00	\$300.00	\$500.00	(May 2019) \$1250.00	(July 2019) \$1250.00	(Sept 2019) \$1250.00	\$4550.00
4 extended days*	11:45-3:00	\$300.00	\$500.00	(May 2019) \$1700.00	(July 2019) \$1700.00	(Sept 2019) \$1700.00	\$5900.00

EXTENDED DAY OPTION IS FOR NURSERY AGE CHILDREN ONLY. LUNCH IS INCLUDED

HOLY BLOSSOM TEMPLE EARLY CHILDHOOD CENTRE REGISTRATION, REFUND AND TUITION FEE POLICY

1. If you are registering as a Member of Holy Blossom Temple, you must remain a member in good standing throughout the duration of your child's education in our school. Failure to comply may result in the forfeiting of your child's spot.
2. Deposits are non-refundable and non-transferable.
3. A deposit per child is required with each application form. This initial deposit automatically becomes non-refundable once the space you have requested is offered to you in writing. In order to confirm your acceptance of a position for your child, an additional deposit towards the tuition will be required. (Please see fee schedule for specific amounts and dates)
4. Installment payments, once deposited, are non-refundable and non-transferable.
5. Please note: Processing your payment is not an indication of acceptance. Your initial deposit will only be returned SHOULD Holy Blossom NOT BE ABLE to offer you a spot.
6. In the unlikely event that minimum class sizes are not reached by April 5th, 2019, Holy Blossom Temple reserves the right to cancel the class. In such cases, you will be provided with a full refund of all monies paid.
7. The full amount of the 2 deposits is non-refundable and non-transferrable. However, if a written request is made prior to March 25th, 2019, a portion will be refunded from the second deposit.



**EARLY
CHILDHOOD
CENTRE**
at Holy Blossom Temple

CREDIT CARD AUTHORIZATION

Student's name: _____

I hereby authorize Holy Blossom Temple to debit from my credit card account the sum total of:

_____ .

Debits are made in three installments in addition to enrolment and acceptance deposits, amounts are listed on the *2019/2020 Early Childhood Centre at Holy Blossom Fee and Payment Schedule*. Please indicate the amount next to the payment below:

Enrolment deposit: _____ Acceptance deposit: _____

May 2019 _____ July 2019: _____ Sept. 2019: _____

Cardholder name: _____

(Please circle card being used)

VISA/MASTERCARD number: _____

Expiry date: _____

Cardholder signature: _____

All applicants must complete the following and include with payment:

Acknowledgement Regarding Fees and Refund Policy

1. Deposits are non-refundable and non-transferable
2. Installment payments, once deposited are non-refundable and non-transferable
3. Temple members must be in good standing at the time of registration and throughout academic year

The undersigned acknowledges that s/he has read and understands the school's refund policy and that these policies will be strictly adhered to by Holy Blossom Temple.

Dated this _____ day of _____ 201_____

Name of parent/guardian: _____

Signature: _____

Please return with payment and enrolment form.

Thank you!

We look forward to having you and your family with us in the fall

Office Use Only

Membership Code: _____ Status: _____

Birth Certificate (copy) attached _____

Date deposit received: _____ Cheque# _____ CC _____

Application received: _____ Admission Date: _____