



HILLCREST PROGRESSIVE SCHOOL APPLICATION 2023/2024

59 PLYMBRIDGE ROAD, TORONTO, ON M2P 1A2
416-489-8355
info@hillcrestschool.ca

Date _____

Fees _____

I hereby make application for the enrolment of the following child as a pupil in the Central Jewish Institute operating as Hillcrest Progressive School for the year 2023/2024. I agree to abide by the rules and regulations of the School. It is understood that enrolment is for the full program year of September to June. ("**Program Period**"). No allowance can be made for absenteeism. I understand Hillcrest Progressive School is a registered charity under the *Income Tax Act* (Canada) which largely operates based on tuition fees received. The Student Accident Insurance Fee is included in the fees listed below.

CHILD'S NAME _____

MALE _____ FEMALE _____ AGE _____ BIRTHDATE _____

ADDRESS _____ CITY _____ POSTAL CODE _____

PARENT NAME _____ OCCUPATION _____ CELL. PHONE _____

BUSINESS ADDRESS _____ BUS TEL _____

PARENT NAME _____ OCCUPATION _____ CELL. PHONE _____

BUSINESS ADDRESS _____ BUS TEL _____

EMAIL ADDRESS _____ / _____

SIBLING(S) NAME(S) _____ BIRTHDATE(S) _____

NAME OF SIBLING(S) WHO HAS ATTENDED HILLCREST J.K. IN THE PAST 5 YEARS (2018-2022)

_____ SIBLING(S) YEAR OF BIRTH _____

PROGRAMS: HOT LUNCH IS ONLY INCLUDED IN TODDLER AND NURSERY FEES.

TODDLER (2021 birthdate) MORNING: 9:00 am - 12:30 pm _____ FULL DAY: 9:00 am - 3:30 pm _____

NURSERY (2020 birthdate) MORNING: 9:00 am - 12:30 pm _____ FULL DAY: 9:00 am - 3:30 pm _____

JK (2019 birthdate) FULL DAY: 9:00 am - 3:30 pm _____ SK (2018 birthdate) FULL DAY: 9:00 am - 3:30 pm _____

DEPOSIT #1 MUST BE PAID WHEN APPLICATION SUBMITTED. POST-DATED PAYMENTS FOR DEPOSIT # 2 AND ALL INSTALMENTS MUST BE SUBMITTED WITH APPLICATION FORM. Cheques are payable to "HILLCREST PROGRESSIVE SCHOOL" or by CREDIT CARD.

FEE SCHEDULE

PROGRAM	TODDLER AM 9:00 - 12:30	TODDLER FULL DAY 9:00 - 3:30	NURSERY AM 9:00 - 12:30	NURSERY FULL DAY 9:00 - 3:30	JK FULL DAY 9:00 - 3:30	SK FULL DAY 9:00 - 3:30
TOTAL FEES	\$10,995	\$19,800	\$9,750	\$16,995	\$15,750	\$15,750
DEPOSIT #1 W/ ENROLMENT	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
DEPOSIT #2 DEC 1/2022	\$3,350	\$4,700	\$3,350	\$4,700	\$4,700	\$4,700
INSTALMENT #1 MAR 1/2023	\$2,145	\$4,600	\$1,700	\$3,795	\$3,350	\$3,350
INSTALMENT #2 JULY 1/2023	\$2,000	\$4,500	\$1,600	\$3,500	\$3,100	\$3,100
INSTALMENT #3 AUGUST 1/2023	\$2,000	\$4,500	\$1,600	\$3,500	\$3,100	\$3,100

PARENT SIGNATURE: _____ DATE: _____



**HILLCREST PROGRESSIVE SCHOOL
ACKNOWLEDGEMENT REGARDING FEES 2023/2024**

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THE UNDERSIGNED ACKNOWLEDGES THAT S/HE HAS READ THE APPLICATION FOR ENROLMENT TO HILLCREST PROGRESSIVE SCHOOL AND UNDERSTANDS THE FOLLOWING SCHOOL POLICIES:

1. **PAYMENTS BY CREDIT CARD ARE SUBJECT TO A 2.5% SERVICE FEE ("SERVICE FEE").**
2. **\$500 OF DEPOSIT #1 IS AN APPLICATION FEE WHICH IS NOT REFUNDABLE OR TRANSFERABLE UNDER ANY CIRCUMSTANCES ("APPLICANT FEE").**
3. **IF YOU DECIDE TO WITHDRAW YOUR CHILD FROM A PROGRAM, YOU MUST GIVE NOTICE BY EMAILING THE SCHOOL'S OFFICE ("WITHDRAWAL NOTICE").**
4. **IF YOU WITHDRAW YOUR CHILD FROM A PROGRAM, THE AMOUNT OF ANY DEPOSITS OR INSTALMENTS PAID ARE NOT REFUNDABLE, EXCEPT IN THE FOLLOWING CIRCUMSTANCES:**
 - a. **IF YOU GIVE WITHDRAWAL NOTICE BEFORE SEPTEMBER 1ST, 2023, AND YOUR CHILD'S SPOT IS FILLED BEFORE DAY 1 OF THE PROGRAM, YOU WILL BE REFUNDED THE TOTAL FEES PAID, LESS: ANY SERVICE FEE(S) PAID, THE APPLICATION FEE, AND 10% OF THE TOTAL PROGRAM FEE ("VACANCY FEE").**
 - b. **IF YOU GIVE WITHDRAWAL NOTICE BEFORE SEPTEMBER 1ST, 2023, AND YOUR CHILD'S SPOT IS FILLED AFTER DAY 1 OF THE PROGRAM, YOU WILL BE REFUNDED THE TOTAL FEES PAID, LESS: ANY SERVICE FEE(S) PAID, THE APPLICATION FEE, AND A VACANCY FEE FOR EACH MONTH IN THE PROGRAM PERIOD WHERE YOUR CHILD'S SPOT WAS NOT FILLED FOR ANY PART OF THAT MONTH.**
 - c. **IF YOU GIVE WITHDRAWAL NOTICE AFTER SEPTEMBER 1ST, 2023, AND YOUR CHILD'S SPOT IS FILLED BEFORE MAY 1ST, 2023, YOU WILL BE REFUNDED THE TOTAL PROGRAM FEES LESS: ANY SERVICE FEE(S) PAID, THE APPLICATION FEE, AND A VACANCY FEE FOR EACH MONTH IN THE PROGRAM PERIOD WHERE YOUR CHILD'S SPOT WAS NOT FILLED FOR ANY PART OF THAT MONTH.**
5. **THERE SHALL BE NO REFUNDS FOR ANY DAYS OR WEEKS MISSED.**

**THE UNDERSIGNED FURTHER ACKNOWLEDGES THAT THESE POLICIES
WILL BE STRICTLY APPLIED BY THE SCHOOL.**

DATED THIS _____ DAY OF _____, 20_____.

PRINT name of parent/guardian: _____

SIGNATURE of parent/guardian: _____