



HILLCREST PROGRESSIVE SCHOOL SUMMER PROGRAM APPLICATION 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 in the Hillcrest Summer Program. I agree to abide by the rules and regulations of the School. I agree to abide by the rules and regulations of the Summer Program and the resolutions and by-laws of its Board of Directors. No allowance can be made for absenteeism. I understand the Summer program is a non-profit organization operating mainly from tuition fees.

**** PLEASE NOTE REFUNDS ARE NOT GIVEN FOR DAYS OR WEEKS MISSED ****

CHILD'S NAME _____

MALE _____ FEMALE _____ AGE _____ BIRTHDATE _____

ADDRESS _____ CITY _____ POSTAL CODE _____

PARENT NAME _____ CELL PHONE _____

EMAIL ADDRESS _____

PARENT NAME _____ CELL PHONE _____

EMAIL ADDRESS _____

SIBLING NAME _____ BIRTHDATE _____

SIBLING NAME _____ BIRTHDATE _____

DATES:

SESSION 1 - TUESDAY, JULY 2 to FRIDAY, JULY 26, 2024
SESSION 2 - MONDAY, JULY 29 to FRIDAY, AUGUST 23, 2024

4 WEEKS **CLOSED:** MONDAY, JULY 1, 2024
4 WEEKS **CLOSED:** MONDAY, AUGUST 5, 2024

NOTE: Friday, August 23 - 12:30 p.m. PICK-UP for all groups

TIMES:

SESSION 1

SESSION 2

APPLICABLE AGES

MORNING: 9:00 am - 12:30 pm _____

FULL DAY: 9:00 am - 3:30 pm _____

2018, 2019, 2020, 2021,
2022 * 2023 must be **18**
months by **July 1, 2024** *

**DEPOSITS & POST DATED BALANCE MUST BE SUBMITTED WITH THE APPLICATION.
Cheques payable to "HILLCREST PROGRESSIVE SCHOOL".**

INDICATE WHICH FORM OF PAYMENT WILL BE USED FOR THE DEPOSIT: **CHEQUE** **CREDIT CARD**

PLEASE NOTE: A NOMINAL ADMINISTRATION FEE OF \$36.00 WILL BE CHARGED TO ANY CHANGES TO YOUR APPLICATION FORM AFTER APRIL 30TH.

ALL CHILDREN ARE SERVED A NUTRITIOUS SNACK(S) & LUNCH

FEE SCHEDULE

PROGRAM	4 WEEKS MORNING 9:00 - 12:30	4 WEEKS FULL DAY 9:00 - 3:30	8 WEEKS MORNING 9:00 - 12:30	8 WEEKS FULL DAY 9:00 - 3:30
TOTAL FEES	\$2,000	\$3,700	\$3,800	\$7,250
DEPOSIT #1 W/ APPLICATION	\$250	\$350	\$500	\$700
DEPOSIT #2 - DECEMBER 1, 2023	\$250	\$350	\$500	\$700
BALANCE - MARCH 1, 2024	\$1,500	\$3,000	\$2,800	\$5,850

PARENT SIGNATURE: _____ DATE: _____



**HILLCREST PROGRESSIVE SCHOOL
ACKNOWLEDGEMENT REGARDING FEES
SUMMER PROGRAM 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 APRIL 1ST, 2024, 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 APRIL 1ST, 2024, 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 APRIL 1ST, 2024, AND YOUR CHILD'S SPOT IS FILLED BEFORE MAY 1ST, 2024, 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 DUE TO ILLNESS OR VACATION.**

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

DATED THIS _____ DAY OF _____, 20_____.

PRINT name of parent/guardian: _____

SIGNATURE of parent/guardian: _____



Summer Program Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will be in effect until cancelled.
An **ADMINISTRATION FEE** of **2.5%** will be added to all credit card payments.

CREDIT CARD INFORMATION	
Card Type:	<input type="checkbox"/> Master Card <input type="checkbox"/> Visa
Cardholder Name (as shown on card):	
Card Number:	
Expiration Date (mm/yy):	
CVC (on back of card):	
Transaction Amount: 1) Deposit #1 - Due Upon Enrolment \$ _____ 2) Deposit # 2 - Dec 1st/2023 \$ _____ 3) Balance - Mar 1st/2024 \$ _____	
Billing Address:	
Child's Name:	

I, _____, authorize Hillcrest Progressive School to charge my credit card above for the approved transaction amounts, along with an administration fee of 2.5% applied to all approved transactions. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date