

Full Time Prairie Rose Student
Dron-in Only

Child's Name	Grade Sept 2022	Food Allergies	Monthly Fees				
1)			\$30.00				
2)			\$25.00				
3) 4)			\$15.00				
4)			\$12.00				
Total fees due by September 1	15, 2023:	(Multiple rate is for siblings only X 10 = \$ Monthly Fees Fee for Yea					
, ,	•	Monthly Fees	Fee for Yea				
 □ Drop-In (cash) is \$2.50/daily □ Choice of white milk or cho Parent/Guardian Name:							
Parent Email:							
Emergency Contact:							
Tax Receipt issued to:		Child start date:					
Parents will not be allow	Parents will not be allowed to register if there is an outstanding debt owed to the program.						
 ☐ Yes, I have read and reviewed to ☐ Yes, I agree to follow all guideling 							

Registrations due by Friday, September 15, 2023. Office Use Only

Signature of Parent/Guardian: _____ Date:____

Month	Date Rec'd	Cash / Cheque	Payment Amt.	Balance Owing
September				
October				
November				
December				
January				
February				
March				
April				
May				
June			_	