



How did you hear about us?

APPLICATION FORM

Parent(s) Name(s): _____

Phone: _____

Address: _____

City: _____ Postal Code: _____

Child's Name: _____

Child answers to: _____

Child's Date of Birth: _____

Parent's Email: _____

Child's Age: _____

Application for Classes Starting on: _____ Semester: _____

Classroom	Days Attending	Class Start Time	OFFICE USE ONLY
<input checked="" type="checkbox"/> Parent Participation Prep 20-30 mths old	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH	11:00 am	Program tuition: _____ ÷ # of payments: _____ = \$ per payment: _____ Application Fee: _____ Security Deposit _____ Sibling Discount _____ Credits Applied _____ Total Fees: _____
<input type="checkbox"/> Jr Preschool 2 ½ - 3 ½ years old	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH	9:00 am	
<input type="checkbox"/> Jr Preschool GE 2 ½ - 3 ½ years old	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH	11:00 am	
<input type="checkbox"/> Preschool Program 3 - 4 years old	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	9:00 am	
<input type="checkbox"/> Jr Kindergarten 4 - 5 years old	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	1:00pm	
<input type="checkbox"/> HIL Program 4 - 6 years old	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	1:00 pm	
<input type="checkbox"/> Add On Specialty Class			
<input type="checkbox"/> After School Tutoring			

Method of Payment: **Cash** (payment must be received in full or accompany other postdated payment options)

Interac e-Transfer to <admin@mywholeearth.ca>

Cheque(s) (all cheques must be received with registration)

Credit Card # _____ **Expiry Date:** ____ / ____ **CVV:** _____

Credits Applied _____

Classroom
Files
Finance

- I understand that my one-time \$100 Family Application Fee is non-refundable.
- I understand that my \$200 Security Deposit is only refundable if there are no outstanding fees due.
- I have read and I understand My Whole Earth Academy's Illness, Withdrawal & Missed Class Policies.
- If I am paying by credit card, I agree to pay a 2.4% surcharges as a fee added to my tuition.

NOTES _____

Parent/Guardian Signature: _____

Date: _____

Academy Witness: _____

Date: _____