

# Wild CRAFT PLAY's COOL PAYMENT FORM

**Child's Name:** \_\_\_\_\_ **Program:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

Please note that we require commitment at least 2 weeks prior to program start & offer monthly payment plans.  
Please ✓ check in the  box to indicate your program & fee payment:

## PROGRAM FEES

1 TIME REGISTRATION FEE/CHILD **\$50 x** = \_\_\_\_\_

Program	FEE	
Wild Craft Play for 6 hours a day <input type="checkbox"/> Errington/Oceanside <input type="checkbox"/> Lantzville/Nanaimo Region 9:30am – 3:30pm Ages 6-12	<input type="checkbox"/> 1 day/week : \$152 / month	
<input type="checkbox"/> Drawn by Nature for 4 hours a day 10am – 2pm Ages 11-18	<input type="checkbox"/> 1 day/week : \$100 / month	
<input type="checkbox"/> Fledgling Apprenticeship Ages 13 and up	<input type="checkbox"/> 1 month : \$150 / month commitment (hours vary)	
<input type="checkbox"/> SoLe Adventures for Children with Autism	<input type="checkbox"/> \$38/hr, min. 2 hrs/ wk min. 3 month commitment	
<b>AFTER SCHOOL QUESTS</b> <input type="checkbox"/> Seaview in Lantzville	<input type="checkbox"/> 1 month : \$80 / month OR <input type="checkbox"/> Drop In : \$25 / session	

\$35 drop in fee: depends on availability

**Please add up your total and write it here, thanks!**

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As you can imagine, things may change during classes and we ask that you remain flexible. Expect to receive text notification of activity location and duration. All location and outing information should be provided in at least a weeks-notice. Please do not expect to pick your child up earlier, as it disrupts the flow of the experience, and your child might feel like they have missed out. Please keep our phone numbers handy in case you have concerns. Given the nature of Nature-based play, there may be poor reception, or unforeseen circumstances, the Director or staff will return your call as soon as they are able. **Thank you for understanding!**

## PAYMENT METHOD

**Thank you for paying on time!! Please indicate if you are affiliated with:**

- Self-Design                       Other: \_\_\_\_\_  
 Autism Funding Unit

**Please indicate which style of payment you will be using:**

- Monthly                      OR                       Payment in full

**By:**

- E-TRANSFER:** please send to [jamie@wildcraftplay.com](mailto:jamie@wildcraftplay.com), and ask us for the password  
 **CASH** please contact us for drop off location  
 **CERTIFIED CHEQUE** please send to 2456 Nanoose Rd, Nanoose Bay, BC V9P 9E6

**Please Note:**

- All payments must be before the 1<sup>st</sup> of the month (1 month prior to program start).
- A fee of \$10/day will be in effect for any late payment, unless arranged prior to payment.
- Cancellation of participation requires 30 days-notice.

\_\_\_\_\_  
**Signature** to confirm your commitment to pay on time.

\_\_\_\_\_  
Date