

**St. Bon's Hockey Skills Academy
Registration 2018-2019**

Section A – Parents

	First Name	Last Name
Mother/Legal Guardian		
Father/Legal Guardian		

Section B – Student

Students Name: _____ **Grade:** _____
Surname First Name

Position: (Forward, Defense, Goalie, Uncertain): _____

List of your last two years of hockey experience, if any: _____

Section C – Tuition Payment Information

Tuition for the year is **\$900** per student. **A \$100 non-refundable deposit is due for each child attending the program on Friday, September 25th, 2018.** This deposit is deductible from SBHSA tuition, but non-refundable and not transferable. A charitable receipt will not be issued for a forfeited deposit.

The remaining \$800 per student may be paid by one of the following three options. Please select the option you prefer.

Select Payment Option

____ Option #1: Full payment of \$800 due Monday, October 1st, 2018. Payment equal to full tuition less registration deposit. **(Postdated cheque required at registration)**

____ Option #2: Two payments of \$400 – due Friday, October 1st, 2018 and Friday, December 1st, 2018. Each payment equal to half of annual tuition less registration deposit **(Post dated cheques required at registration)**

____ Option #3: Six monthly payments of \$133.34 commencing October 1st, 2018 through February 1st, 2019 via direct deposit only. Each payment equal to one sixth of annual tuition less registration deposit. **(Attach a void cheque & complete the attached Pre-authorized Debit (PAD) agreement.)**

Please Note: After receiving feedback from parents and students, we have reduced the tuition by \$100 and will not be providing apparel to students.

Section C: Consent & Signature

- I hereby register my child to attend the St. Bon's Hockey Skills Academy
- I understand the risks of participating in a physical sport and release St. Bonaventure's College from any liability should my child be injured in any way while participating in the SBHSA
- I understand that all students are required to have full hockey equipment and will not be allowed to participate if they do not.
- I agree to pay tuition in accordance with the payment option selected and understand I will be charged a \$25 fee for any NSF payments
- I am familiar with all school policies and will respect and adhere to them.
- I understand this registration will only be considered complete if all required information has been completed, the signed PAD or postdated cheques (option 1 & 2 only) have been provided and the \$100 registration deposit has been paid

Date: _____

Signature: _____

**PAYOR'S AUTHORIZATION FOR PRE-AUTHORIZED DEBITS
FOR PERSONAL PAD**

**All information submitted on this form is for school use only and
will not be distributed to any third party**

I/we authorize St. Bonaventure's College Inc. and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our St. Bonaventure's College account. Regular monthly payments will be debited to my/our account on the 1st day of each month, unless otherwise indicated, in writing. St. Bonaventure's College will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until St. Bonaventure's College Inc. has received the full balance due or until it has received written notification from me/us of its change or termination. Revocation of the Authorization does not terminate any contract for goods or services that exists between me/us and the Payee. The Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged. This notification must be received at least five (5) business days before the next debit is scheduled at the address provided below. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD agreement at my/our financial institution or by visiting www.cdnpay.ca.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

PLEASE PRINT

DATE: _____

Account Holder Name(s) : _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____

Financial Institution (FI): _____

Same info as school tuition payment

FI Account Number: _____ FI Transit Number: _____ FI Bank ID: _____
(branch - 5 digits) (3 digits)

FI Street Address: _____

City: _____ Province: _____ Postal Code: _____:

(Payors may also include a VOID cheque in lieu of completing this section)

Payment Schedule:

6 month payment plan, beginning October 1st, 2018 and ending March 1, 2019

Monthly payment amount: _____
(see table below for calculation)

AUTHORIZED SIGNATURE(S): _____

for any questions, please contact:

**ST. BONAVENTURE'S COLLEGE INC.
Shelley Martin, CFO
2A Bonaventure Avenue
St. John's, NL A1C 6B3
Tel: (709) 726-0024 ext 202
Email: smartin@stbons.ca**

WORKCHART FOR CALCULATING MONTHLY PAYMENT:

6-MONTH PAYMENT OPTION

- A. Annual Tuition: _____ (A)
- B. Less Deposit: _____ (B)
- C. Net Tuition Due: _____ (C) = (A-B)
- D. Amount from C divided by 10 _____ (D) = (C/10)