



PRESCHOOL REGISTRATION FORM

please complete and email to preschool@tykesntots.ca, drop off at 1055 Hampton Circle or fax to 306-382-1704

CHILD INFORMATION:

Child's name: _____ Date of Birth: _____

Address: _____ Health Number: _____

Food allergies: _____

Medication or other allergies: _____

Known medical or behavioural concerns: _____

Please use this space to share any additional information about your child that you feel we need to know:

Requested School: Pope John Paul II _____ St. George _____

Requested schedule: 2 mornings per week (cost \$95.00 per month) _____

3 mornings per week (cost \$135.00 per month) _____

Note: Planned schedules are Monday, Wednesday, Friday for 3 days per week and Tuesday/Thursday for 2 days per week. This may change depending on enrolment. Parents will be contacted with any proposed changes.

Are you interested in an afternoon class if numbers permit? Yes _____ No _____

The preschool year starts in September each year and continues through to the end of June. Preschool classes will run on all days that school is in attendance. Families registering for preschool do so for the entire school year. Families wishing to discontinue preschool prior to the end of the school year are required to provide one month's written notice, received by the 1st of the month.

Please fill out the direct debit agreement on the last page of this registration form and indicate the appropriate fee amount in the space provided.

Parent/Guardian Signature: _____ Date: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian 1: _____ Contact number(s): _____

Address same as child's: Yes No – please provide address: _____

Email address: _____ (will be used for communication purposes)

Parent/Guardian 2: _____ Contact number(s): _____

Address same as child's: Yes No – please provide address: _____

Email address: _____ (will be used for communication purposes)

Are both parents allowed to pick the child up? Yes _____ No _____ If no, please provide a copy of court documentation.

Alternate contacts in case of emergency and authorization for alternate pick up:

Name: _____ Contact number: _____

Name: _____ Contact number: _____

Please advise any alternate contacts picking up your child that they will be asked for identification.

Transportation and Photography Consent

As part of our preschool program, Tykes and Tots will have periodic field trips, either walking or utilizing transportation. Tykes and Tots will provide all parents/guardians with notification of the locations of the field trips on or before the day of the trip. By signing the consent below, you give specific permission for your child to participate in all field trips planned for the preschool program. Also, as part of our program, we take pictures of the children showing their activities and development. These pictures are shared with parents/guardians as part of our daily communication and are used in our classroom documentation. At times we use classroom pictures as part of our promotional materials. Please initial your consent choices for transportation and photography and sign at the bottom:

Transportation consent to take my child on neighborhood walks within walking distance from the location of the preschool program. Yes _____ No _____

Transportation consent to take my child on excursions requiring transportation. All transportation will be by chartered or city bus. Yes _____ No _____

Photography consent for internal purposes – i.e. posting on HiMama or documentation in the classroom/school: Yes _____ No _____

Photography consent for promotional materials (i.e. website, general facebook page, informational pamphlets, etc.) Yes _____ No _____

Parent/Guardian Signature: _____ **Date:** _____

**DIRECT PAYMENT SERVICE ENROLLMENT AUTHORIZATION FORM
TYKES AND TOTS PRESCHOOL PROGRAMS**

Child's name: _____

School attended: _____

School year: _____

1. Personal information (please print clearly)

Name: _____ **Address:** _____

Telephone: _____ **email:** _____

2. Account information (complete the following section or attach void cheque)

Account # _____ **Bank Transit** _____

Financial Institution # _____ **Bank name** _____

Please select your withdrawal date:

1st of the month _____ **15th of the month** _____

Please select your monthly fee:

\$95.00 per month _____ **\$135.00 per month** _____

A non-refundable deposit equal to one month's fees will be withdrawn 7 days after confirmation of registration. This will be applied to first month's fees. Monthly fees are applicable from September to June for the school year indicated above. Cancellation of contract prior to year end requires one month's written notice.

Pre-Authorized Debit Details

I authorize Tykes and Tots Early Learning Centre Inc. (Tykes) and the financial institution designated (or any other financial institution I may authorize at any time) to begin deductions as per my instructions for monthly regular recurring payments and/or one time payments from time to time, for payment of all charges arising from the services provided by Tykes. Regular monthly payment for the full amount of monthly child care fees will be debited from my specified account on the day specified above each month. I agree to waive the pre-notification requirement, as set out by the Canadian Payments Association, of any debit to my account.

I agree to pay a \$50 fee to be charged at Tykes' sole discretion in each event that an attempt to collect funds in accordance with this authorization is unsuccessful due to insufficient funds or due to an action by me or my financial institution to prevent such collection.

This authority is to remain in effect for the term listed above. I may obtain a sample cancellation form, or more information on my right to cancel a PAD Agreement at my financial institution or by visiting www.cdnpay.ca. Tykes may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (10) days prior written notice to me.

I have certain recourse rights if any debit or credit does not comply with this agreement. For example, I 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 recourse rights, I may contact my financial institution or visit www.cdnpay.ca

Signature of Account Holder

Signature of Joint Account Holder (if required)

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____