



Le Club Child Care Program
Before and After School Program

Registration Form

Child's Name _____ Family Name _____

Address _____ City _____ Postal Code _____

Home Phone # _____

Date of Birth _____ Age _____ Sex _____

Mother/Guardian

Father/Guardian

Full Name _____ Full Name _____

Employer _____ Employer _____

Address _____ Address _____

Business # _____ Business # _____

Cell # _____ Cell # _____

Email _____ Email _____

IN CASE OF EMERGENCY IF PARENTS CANNOT BE CONTACTED

Name _____ Phone # _____

Address _____ Relationship _____

PERSONS AUTHORIZED TO PICK UP CHILD OTHER THAN PARENTS (CHILD WILL ONLY BE RELEASED TO INDIVIDUALS (12 years and older) THAT THE PARENT/GUARDIAN HAS GIVEN VERBAL OR WRITTEN AUTHORIZATION)

1. Name _____ 2. Name _____

Relationship _____ Relationship _____

Phone# _____ Phone# _____

Parent/Guardian Signature _____

OFFICE USE ONLY

Date of Admission _____ Date of Registration _____

Date of Discharge _____



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Parent's Authorization for Pre-Authorized Debits for Le Club Child Care Program

1. Parent/Guardian's Name and Address *-Please Print*

Mr. Mrs. Ms. Miss	Surname	First Name
Address		
City, Province	Postal Code	Telephone

2. I/We attached a specimen cheque "VOID" to the prayer authorization (The "Authorization") I/We will inform the Le Club Child Care Program, in writing of any change in the information provided in this section of the Authorization prior to the next due date of the PAD.

3. Le Club Child Care Program's Name and Address

Name Le Club Child Care Program		
Address #302-300 John Street		
City, Province Thornhill, Ontario	Postal Code L3T 5W4	Telephone (905)-881-8585

4. I/We acknowledge that the Authorization is provided for the benefit of the Le Club Child Care Program and the processing Institution and is provided in consideration of the processing Institution agreeing to process debits against my/our account as listed above, (the Account) in accordance with the Rules of the Canadian Payment Association.

5. I/We warrant and guarantee that all the persons whose signatures are required to authorize withdrawal from the Account have signed the Authorization below.

6. I/We hereby authorize the Le Club Child Care Program to issue Pre-Authorized Debits for the amount of \$_____ as Monthly fee for my child ---children (as defined in the Rule H4 of the Rules of the Canadian Payment Association) (the "PAD") drawn on the Account.

7. I/We may cancel the authorization at any time upon providing one (1) full month's notice in writing to Le Club. Since Le Club operates on a monthly basis, notice will be given on the first of the month. I/We will still be responsible for the full month's payment if withdrawal is made mid-month.

8. I/We acknowledge that provision and delivery of the Authorization to Le Club Child Care Program constitutes delivery by me/us to the processing institution. Any delivery of the Authorization to Le Club Child Care Program, regardless of the method of delivery constitutes delivery by me/us.

9. Le Club Child Care Program will provide me/us, at the address provided in section 1.
 - a. With respect to fixed amount PADs, written notice of the amount \$_____ to be debited (the "Payment Amount") and the date(s) on which the Payment Amount debited on request.
 - b. Will be posted to my/our Account (the "Payment Date"), at least 10 calendar days before the Payment Date of the first PAD, and such notice shall be provided every time there is a change in the Payment Amount or the Payment Date(s);

With respect to variable amount PADs, written notice of the Payment Amount and the Payment Date(s), at least 10 calendar days before the Payment Date of every PAD; and with respect to a PAD plan that provides for the issuance of a PAD in response to a direct action of mine/ours (such as, but not limited to, a telephone instruction) requesting Le Club Child Care Program to issue a PAD in full or partial payment of a billing received by me/us for a payment obligation that meets the requirements of Section 2 of Rule H4, no notice is required.

10. The Le Club Child Care program will issue the PAD monthly on the first business day of each month. A dollar amount to a maximum of \$_____.
11. I/We acknowledge that the Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of the Authorization including, but not limited to, the amount, or that any purpose of the payment for which the PAD was issued has been fulfilled by Le Club Child Care Program as a condition to honouring a PAD issued or caused to be issued by Le Club Child Care Program on the Account.
12. Revocation of the authorization does not terminate any contract for goods or services that exists between me/us and Le Club Child Care Program. The Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.
13. I/We may dispute a PAD only
 - a. The PAD was not drawn
 - b. The Authorization was revoked
 - c. Pre-notification, as required
14. I/We acknowledge that in order to be reimbursed a declaration to the effect that either (a), (b) or (c) took place, must be completed and presented to the branch of the Processing Institution holding the Account up to and including 90 calendar days after the date on which the PAD in dispute was posted to the Account.
15. I/We acknowledge that when disputing any PAD beyond the time allowed in this section it is a matter to be resolved solely between me/us and Le Club Child Care Program, outside the payment system.
16. I/We agree that the information contained in the Authorization may be disclosed to Royal Bank of Canada as required to complete any PAD transaction.
17. I/We understand and accept the terms of participating in this PAD plan.

Sign

Date

Sign

Date **Revised July 2011**



Le Club Child Care Program
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Communication Consent Form- The York Region Board of Education and Le Club Child Care Program

ONGOING COMMUNICATION BETWEEN THE CHILD CARE PROGRAM AND SCHOOL PROVIDES CONSISTENCY, COMPATIBILITY AND ENHANCES A STUDENT'S EDUCATIONAL EXPERIENCE.

THE CHILD CARE PROGRAM AND THE SCHOOL WILL COMMUNICATE WITH YOUR SIGNED CONSENT.

I/WE HEREBY GIVE CONSENT FOR THE STAFF OF EITHER

_____ TO COMMUNICATE WITH THE STAFF OF _____
(Name of Child Care Program) (Name of School)

OR

_____ TO COMMUNICATE WITH THE STAFF OF _____
(Name of School) (Name of Child Care Program)

REGARDING INFORMATION WHICH RELATES TO THE DEVELOPMENT OF MY CHILD/WARD

(Child's Name)

REGISTERED AT _____ AND AT _____
(Name of Child Care Program) (Name of School)

THE CONSENT IS VALID UNTIL THE CHILD IS WITHDRAWN FROM THE CHILD CARE PROGRAM OR REQUEST FOR CHANGE IS SUBMITTED.

_____/_____/_____
Signature of Parent(s)/Guardian(s) (Name of School) (Month) (Day) (Year)

PLEASE RETURN THIS FORM TO THE SUPERVISOR OF _____



Le Club Child Care Program
Before and After School Program

Health History Form

Child's Name _____ Family Name _____

Date of Birth _____ Age _____ Sex _____

Family Doctor _____ Address _____

Doctor's Phone # _____

Does your child have:

- 1) A condition or behaviour that would require special attention, medication or a special diet? _____

- 2) Allergies (food, medication, etc.)?

Please specify symptoms of allergic reaction and any special care needed

- 3) Any dietary restrictions?

Please list any communicable diseases your child may have or has had in the past. For example: measles, chicken pox, Hepatitis A, Fifth Disease)

Parent/Guardian's Signature _____

Date: _____

Revised March 2014.