



2026 March Break Overnight Camp

Centre Use Only

Date Rec'd: _____ Supervisor/Designate Name: _____
Time Rec'd: _____ Sup./Des. Signature: _____

Family Information

Child's First Name: _____ Child's Last Name: _____
Date of Birth (D/M/Y): _____ Gender: _____
Street Address: _____
City: _____ Postal Code: _____ Primary phone number: _____
Parental access/custody: ☐ Mother ☐ Father ☐ Joint ☐ Guardian (*specify*): _____
Do you have a custody agreement and/or court order on file? ☐ Yes ☐ No (*If yes, please include*) _____
Parent/Guardian #1: _____ Parent/Guardian #2: _____
Relationship to Child: _____ Relationship to Child: _____
Address: _____ Address: _____
City: _____ Postal Code: _____ City: _____ Postal Code: _____
Primary Phone Number: _____ Primary Phone Number: _____
Work/Daytime Phone Number: _____ Work/Daytime Phone Number: _____
Email: _____ Email: _____

Emergency Contacts

Please give the names, addresses and telephone numbers of two friends or relatives who would assume responsibility for your child in the event of an emergency and/or who are authorized to pick up your child (not including parents of the child)

Name: _____ Name: _____
Primary Phone Number: _____ Primary Phone Number: _____
Secondary Phone Number: _____ Secondary Phone Number: _____
Address: _____ Address: _____
City: _____ Postal Code: _____ City: _____ Postal Code: _____
Relationship to Child: _____ Relationship to Child: _____

Enrolment Selection

☐ SPC March Break Overnight Camp
YMCA Camp Pine Crest
Monday, March 16th – Friday, March 20th, 2026

Parent Name: _____ Signature: _____ Date: _____



Medical Information & Program Support

Child's Full Name: _____ Centre: _____

Medical Information

Epi Pen ☐ Yes ☐ No

Inhaler/Puffer ☐ Yes ☐ No

If your child requires an EPI Pen or Inhaler/Puffer while in the care of Schoolhouse Playcare Centres of Durham, you will be required to complete and sign an SPC Medication Administration Form and Individual Medical Plan prior to your child's first day of the program.

Does your child have any allergies? ☐ Yes ☐ No

If so, please list: _____

Does your child have any specific dietary needs? ☐ Yes ☐ No

If so, please list: _____

Are there any health conditions/concerns we should be aware of? ☐ Yes ☐ No

If so, please list: _____

Will this condition limit/affect participation in the program? ☐ Yes ☐ No

If so, please specify: _____

Does your child require medication on a regular basis? ☐ Yes ☐ No

If so, please specify: _____

Program Support

Does your child have any identified (i.e. ADHD) or unidentified special needs (i.e. behavioural)? ☐ Yes ☐ No

If so, please specify: _____

Does your child require additional supports? ☐ Yes ☐ No

If so, please clarify: _____

Parent Name: _____ Signature: _____ Date: _____



Program Consents

Child's Full Name: _____ Centre: _____

☐ I give permission for my child to fully participate in all aspects of the March Break Overnight program

☐ I give permission for photographs/videos to be taken of my child to use within the organization (i.e., Storypark App, family newsletters, learning stories, pictures within the organization) **By signing, you agree not to share any photographs/videos of children other than the one(s) named above on social media, by email, or any other means where unapproved persons may view it*

☐ I give permission for photographs/videos to be taken of my child to use outside of the organization (i.e., social media, promotional materials, website)

☐ I authorize the employees of Schoolhouse Playcare Centres of Durham to consent to any necessary life saving medical or surgical treatment which may be required for my child, in the opinion of a licensed medical practitioner, to the extent necessary to preserve life until the parent/guardian can be contacted

Parent Name: _____ Signature: _____ Date: _____

Schoolhouse Playcare Centres of Durham respects the privacy of clients and will act responsibly in the collection, handling and storage of personal information. Personal data is collected in order to better meet clients' needs, ensure safety, inform clients of service information and to comply with government and/or regulatory obligations. For more information about our Privacy Policy please visit our website at schoolhouseplaycare.ca/about-us/spc-privacy-policy

*Schoolhouse Playcare Centres of Durham uses the childcarepro™ computer software program ("childcarepro") in accordance with the childcarepro™ Privacy Policy at childcarepro.ca/privacy-policy/
If you have any questions about childcarepro™, please contact the Privacy Policy Officer at support@childcarepro.ca*



Pre-Authorized Debit (PAD) Agreement

☐ New Authorization ☐ Change to Existing ☐ Cancellation Notice

This Authorization is provided for the benefit of the Payee (Schoolhouse Playcare Centres of Durham) and our Financial Institution and is provided in consideration of our Financial Institution agreeing to process debits against our account in accordance with the Rules of the Canadian Payments Association (the "CPA Rules"). You, the Payor, authorize Telecom Options Inc. to debit our account on behalf of the Payee (Schoolhouse Playcare Centres of Durham).

INSTRUCTIONS: Please complete all sections to instruct your Financial Institution to make payments directly from your account. Return the completed form with a blank cheque marked "VOID" to the payee below.

Customer (Account Holder) Information

Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Bank Account Information

Financial Institution Number (3 digits): _____ Branch Transaction Number (5 digits): _____

Account Number: _____ ☐ Chequing ☐ Saving

Financial Institution Name: _____

Branch Address: _____

Account Information: The account that the Payee is authorized to draw upon is indicated above. A specimen cheque available for this account has been marked "VOID" and is attached to this authorization.

Accuracy and Changes in Account Information: By signing this Authorization, we certify that all information contained in this form is accurate and we agree to inform the Payee, in writing, of any change in the information provided in this agreement 3 days prior to the next due date of the Pre-Authorized Debit.

Valid Signing Authority: We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

Authority to Debit Account: We hereby authorize the Payee or its designated agent Telecom Options (will display on your bank statement) Inc. to draw on our account indicated above with our Financial Institution, for the following purpose (childcare services) Contact information: Telecom Options Inc., 625 Marion Street Winnipeg, MB R2J 0K3 Tel: 1.866.233.6100 Fax: 1.877.842.3534 Email: ccppayments@telecomoptions.com

Withdrawal Amounts:

☐ We hereby authorize the Payee to draw monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Schoolhouse Playcare Centres of Durham account.

Withdrawal Frequency: We hereby authorize the Payee to draw on following frequency:

- ☐ 7th of the month, starting on _____
☐ 20th of the month, starting on _____ (head office authorization required)

NSF Admin Fee: In the event that a payment is returned due to non-sufficient funds (NSF), account closure or account freeze, the payor consents to a service charge fee in the following amount to be charged to my account:

☐ \$25.00

Waive Pre-Notification (10 days): We hereby waive the Payments Canada ruling indicating that we be provided 10 days' notice of the amount that will be withdrawn from our account as the amount and frequency could vary based on our selected preferences. We have authorized a MIN/MAX withdrawal amount.

Non-Sufficient Funds (30 days): Should our payment be returned due to non-sufficient funds, the payee has the right to try one more time to debit the payor's account. The payee will do their very best to contact the payor before the second debit attempt.

Cancel Agreement: You, the Payor, may revoke your authorization at any time by sending in a written request subject to providing a notice of 15 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD agreement, contact your financial institution or visit www.payments.ca

Recourse: You, have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any PAD that is not authorized or is not consistent with the terms of this PAD Agreement. To obtain more information on your recourse rights, you may want to contact your financial institution or visit www.payments.ca

We understand and agree to this PAD arrangement and to the disclosure of any confidential information to any third parties as may be required to process the PAD in accordance with the CPA Rules.

Authorized Signatory: _____

Print Name: _____

Authorized Signatory: _____

Print Name: _____

Date: _____

Schoolhouse Playcare Centres of Durham
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905-728-7740 | schoolhouseplaycare.ca



Etiquette Statement Acknowledgment

Child's Full Name: _____ Centre: _____

Mission

To provide best in class, responsive, inclusive programs and services for children and families

Vision

Children will have a strong foundation to meet their full potential

Values

Belonging- We acknowledge and value the individual perspectives, thoughts, beliefs, and ideas of others and create spaces for everyone to belong

Collaboration- We foster meaningful partnerships and collaborations to meet the diverse needs of the communities we serve

Innovation- We proactively seek unique ways to create and adapt to change, to inspire the healthy growth and development of others

SPC Etiquette Statement

Schoolhouse Playcare Centres of Durham is a shared experience for everyone to enjoy. The experience of our children, families, and childcare professionals is enhanced when everyone commits to always treating one another with respect and dignity.

We reserve the right to suspend, or withdraw childcare services, for any of the following behaviours from families:

- Any sexual, cultural and/or racial abuse, slurs and/or harassment;
- Any action or language that is disrespectful, profane, or offensive to another's comfort or well-being;
- Any physical assault, threats of assault or use of intimidation;
- Any abuse of the facility and/or the equipment;
- Any inappropriate behaviour not conducive to a values-based family environment

☐ By checking this box, I acknowledge that I have read and understand the SPC Etiquette Statement. Further, I understand this applies to all members of my family, and anyone otherwise approved to be involved in my child's experience at SPC. I acknowledge that I am required, as a condition of enrolment, to follow the expectations outlined above.

Parent Name: _____ Signature: _____ Date: _____