



March Break Outdoor Day Camp Registration

Are your child care fees subsidized by Durham Region? Yes No

Centre Use Only

Start Date: _____

Withdrawal Date: _____

Date Received: _____

Supervisor Initial: _____

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: _____

Address: _____

Address: _____

City: _____ Postal Code: _____

City: _____ Postal Code: _____

Primary Phone Number: _____

Primary Phone Number: _____

Employer Name: _____

Employer Name: _____

Work Address: _____

Work Address: _____

City: _____ Postal Code: _____

City: _____ Postal Code: _____

Work/Daytime Phone Number: _____

Work/Daytime Phone Number: _____

Email: _____

Email: _____

Emergency Contacts

Please give the names, addresses and telephone numbers of two local 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: _____

Parent Name: _____

Signature: _____

Date: _____



Medical Information & Program Support

Child's Full Name: _____

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 care.

Does your child have any allergies? Yes No

If so, please clearly identify all of your child's allergies: _____

Has your child had any communicable diseases (i.e. Chickenpox)?

If so, please specify: _____

Other health conditions (please check all that apply):

<input type="checkbox"/> PDD	<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Frequent Ear Infections
<input type="checkbox"/> ADD	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Bleeding/Clotting Disorder	<input type="checkbox"/> Hearing Difficulties
<input type="checkbox"/> ADHD	<input type="checkbox"/> Epilepsy/Convulsions	<input type="checkbox"/> Skin Conditions	<input type="checkbox"/> Sight Difficulties
<input type="checkbox"/> Speech and Language	<input type="checkbox"/> Heart Disease/Defect	<input type="checkbox"/> Asthma	
<input type="checkbox"/> Other (please specify): _____			

Explanation and treatment of above conditions: _____

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: _____

Does your child have any special requirements for diet, rest or physical activity? 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 school-aged child require the support of an educational assistant at school? Yes No

Do you access other agencies to support your child's developmental needs? Yes No

If so, please specify: _____

I give permission for information related to my child's daily activities to be shared between the SPC staff and the school staff and/or community agencies, when it is in the best interest of my child. The information regarding my child's daily activities will be used to facilitate safety, continuity, and quality of program and to more effectively meet the needs of my child. In specific instances of behaviour or developmental concerns, parents/guardians will be invited to participate in these exchange meetings.

Parent Name: _____

Signature: _____

Date: _____



Program Consents

Child's Full Name: _____

I give permission for my child to fully participate in all aspects of the program including local outings and walks within the community (i.e., local parks, splash pads, libraries etc.)

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 child care centre etc.) **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) **Information about the use of pictures/videos will be provided to families for approval prior to use*

I authorize the use of sunscreen provided by Schoolhouse Playcare Centres of Durham, to be applied by the educator prior to outdoor play

OR:

I will provide my own sunscreen to be applied by the educator (if assistance is needed) prior to outdoor play

My child is allergic to the following ingredients commonly found in sunscreen: _____

I authorize the use of hand sanitizer provided by Schoolhouse Playcare Centres of Durham, to be applied to my child's hands as needed

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

I have read and understand the information and policies provided within the child care family handbook (licensed child care)

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: ccpayments@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
1602 Tricent Avenue, Suite 6, Whitby, ON L1N 7C3
905-728-7740 | schoolhouseplaycare.ca

**Claremont Nature Centre**

4290 Westney Rd. N. Goodwood, ON
SPC Administrative Office: (905) 728-7740

Enrolment Selection**March Break Day Camp**

Day	Cost	Transportation	Extended Care	Cost
<input type="checkbox"/> Monday, March 16	\$47	<input type="checkbox"/> Bus stop: _____ <input type="checkbox"/> Drive direct	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both	
<input type="checkbox"/> Tuesday, March 17	\$47	<input type="checkbox"/> Bus stop: _____ <input type="checkbox"/> Drive direct	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both	
<input type="checkbox"/> Wednesday, March 18	\$47	<input type="checkbox"/> Bus stop: _____ <input type="checkbox"/> Drive direct	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both	
<input type="checkbox"/> Thursday, March 19	\$47	<input type="checkbox"/> Bus stop: _____ <input type="checkbox"/> Drive direct	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both	
<input type="checkbox"/> Friday, March 20	\$47	<input type="checkbox"/> Bus stop: _____ <input type="checkbox"/> Drive direct	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both	
				TOTAL

Bus Route

Bus Stop	Morning Pick-Up	Evening Drop-Off	Extended Care
John Dryden PS	8:15am	4:45pm	Available
Glen Dhu PS	8:25am	4:35pm	Available
Roland Michener PS	8:45am	4:15pm	Available
Claremont Nature Centre	9:00 am	4:00pm	N/A

Before care- 7:00 am until the bus departs. After care- drop-off until 6:00 pm.

Parent Name: _____ **Signature:** _____ **Date:** _____