



# Summer Registration Form

## External Families

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                     |  |

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](https://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/](https://childcarepro.ca/privacy-policy/)  
If you have any questions about childcarepro™, please contact the Privacy Policy Officer at [support@childcarepro.ca](mailto: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](http://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](http://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 Tricont Avenue, Suite 6, Whitby, ON L1N 7C3  
905-728-7740 | [schoolhouseplaycare.ca](http://schoolhouseplaycare.ca)



# Enrolment Selection

## Licensed Summer Programs

Programs operate from 7:00 am - 6:00 pm daily. Choose from the following program locations:

<b>Altona Forest PS</b> 405 Woodsmere Cres. Pickering, ON (905) 421-9147	<b>Applecroft PS</b> 55 Coles Ave. Ajax, ON (905) 427-8097	<b>Brooklin Village PS</b> 25 Selkirk Dr. Brooklin, ON (905) 655-5600	<b>Cadarackque PS</b> 15 Miles Dr. Ajax, ON (905) 428-3331	<b>Captain M. VandenBos*</b> 3121 Country Lane Whitby, ON (905) 665-0342
<b>Claremont PS</b> 1675 Central St. Claremont, ON (905) 649-4129	<b>Elsie MacGill PS</b> 800 Greenhill Ave. Oshawa, ON (905) 440-7320	<b>Glen Dhu PS</b> 29 Fallingbrook St. Whitby, ON (905) 430-1898	<b>Highbush PS</b> 605 Strouds Ln. Pickering, ON (905) 420-1475	<b>John Dryden PS</b> 40 Rolling Acres Dr. Whitby, ON (905) 433-1387
<b>Lincoln Alexander PS</b> 95 Church St. N. Ajax, ON (905) 619-3627	<b>Ormiston PS</b> 20 Forest Heights St. Whitby, ON (905) 430-3346	<b>Roland Michener PS</b> 95 Ritchie Ave. Ajax, ON (905) 686-5440	<b>Stephen Saywell PS</b> 855 Roundelay Dr. Oshawa, ON (905) 433-4730	<b>Valley Farm PS</b> 1615 Pepperwood Gate Pickering, ON (905) 686-2489

\*Kindergarten only

Week	Location	Age Group	Cost	Subtotal
<input type="checkbox"/> Jun 30-Jul 4*		<input type="checkbox"/> Kindergarten (3.8-5 yrs) <input type="checkbox"/> School Age (6-12 yrs)	\$82 \$208	
<input type="checkbox"/> July 7-11		<input type="checkbox"/> Kindergarten (3.8-5 yrs) <input type="checkbox"/> School Age (6-12 yrs)	\$103 \$260	
<input type="checkbox"/> July 14-18		<input type="checkbox"/> Kindergarten (3.8-5 yrs) <input type="checkbox"/> School Age (6-12 yrs)	\$103 \$260	
<input type="checkbox"/> July 21-25		<input type="checkbox"/> Kindergarten (3.8-5 yrs) <input type="checkbox"/> School Age (6-12 yrs)	\$103 \$260	
<input type="checkbox"/> Jul 28-Aug 1		<input type="checkbox"/> Kindergarten (3.8-5 yrs) <input type="checkbox"/> School Age (6-12 yrs)	\$103 \$260	
<input type="checkbox"/> August 5-8*		<input type="checkbox"/> Kindergarten (3.8-5 yrs) <input type="checkbox"/> School Age (6-12 yrs)	\$82 \$208	
<input type="checkbox"/> August 11-15		<input type="checkbox"/> Kindergarten (3.8-5 yrs) <input type="checkbox"/> School Age (6-12 yrs)	\$103 \$260	
<input type="checkbox"/> August 18-22		<input type="checkbox"/> Kindergarten (3.8-5 yrs) <input type="checkbox"/> School Age (6-12 yrs)	\$103 \$260	
*All programs will be closed on July 1st (Canada Day) & August 5th (Civic Holiday). Program costs are adjusted to reflect these short weeks.			<b>TOTAL</b>	

**Please note:** Fees for the month of July will be automatically withdrawn on July 8th, 2025. Fees for the month of August will be automatically withdrawn on August 4th, 2025.

**Withdrawal policy:** Requests for summer program withdrawal received by May 30th, 2025 will receive a full refund. Requests received after May 31st, 2024 will not be issued a refund. Please send requests in writing to r.ricard@schoolhouseplaycare.ca

**Parent Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Captain Michael VandenBos PS**  
 3121 Country Lane, Whitby, ON  
 SPC Administrative Office: (905) 728-7740

# Enrolment Selection

## SPC Specialty Camps

Week	Program	Cost	Transportation	Extended Care (\$60)	Subtotal
<input type="checkbox"/> Jun 30-Jul 4*	<input type="checkbox"/> Multi-Sport (6-8 yrs) <input type="checkbox"/> Sport Development (9-12 yrs)	\$280 \$288	<input type="checkbox"/> Bus stop: _____ <input type="checkbox"/> Drive direct	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both *\$48/short week	<i>e.g. \$280 + \$48 = \$328</i>
<input type="checkbox"/> July 7-11	<input type="checkbox"/> Multi-Sport (6-8 yrs) <input type="checkbox"/> Sport Development (9-12 yrs)	\$350 \$360	<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"/> July 14-18	<input type="checkbox"/> Multi-Sport (6-8 yrs) <input type="checkbox"/> Sport Development (9-12 yrs)	\$350 \$360	<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"/> July 21-25	<input type="checkbox"/> Multi-Sport (6-8 yrs) <input type="checkbox"/> Sport Development (9-12 yrs)	\$350 \$360	<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"/> Jul 28-Aug 1	<input type="checkbox"/> Multi-Sport (6-8 yrs) <input type="checkbox"/> Sport Development (9-12 yrs) <input type="checkbox"/> LIT- 2 week program (13-14 yrs)	\$350 \$360 \$495	<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"/> August 5-8*	<input type="checkbox"/> Multi-Sport (6-8 yrs) <input type="checkbox"/> Sport Development (9-12 yrs)	\$280 \$288	<input type="checkbox"/> Bus stop: _____ <input type="checkbox"/> Drive direct	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both *\$48/short week	
<input type="checkbox"/> August 11-15	<input type="checkbox"/> Multi-Sport (6-8 yrs) <input type="checkbox"/> Sport Development (9-12 yrs) <input type="checkbox"/> LIT- 2 week program (13-14 yrs)	\$350 \$360 \$550	<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"/> August 18-22	<input type="checkbox"/> Multi-Sport (6-8 yrs) <input type="checkbox"/> Sport Development (9-12 yrs)	\$350 \$360	<input type="checkbox"/> Bus stop: _____ <input type="checkbox"/> Drive direct	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both	
*All programs will be closed on July 1st (Canada Day) & August 4th (Civic Holiday). Program costs are adjusted to reflect these short weeks.				<b>TOTAL</b>	

**Please note:** Fees for the month of July will be automatically withdrawn on July 8th, 2025. Fees for the month of August will be automatically withdrawn on August 7th, 2025. **Weekly fees include busing.**

**Withdrawal policy:** Requests for summer program withdrawal received by May 30th, 2025 will receive a full refund. Requests received after May 31st, 2024 will not be issued a refund. Please send requests in writing to r.ricard@schoolhouseplaycare.ca

**Parent Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Route 2 - Ajax, Pickering, and Claremont			
Bus Stop	Morning Pick-Up	Evening Drop-Off	Extended Care
Altona Forest PS	8:10 am	5:15 pm	Available
Lincoln Alexander PS	8:30 am	4:55 pm	Available
Ormiston PS	8:55 am	4:30 pm	Available
CMV PS	9:05 am	4:20 pm	Available
Before care- 7:00 am until the bus departs. After care- drop-off until 6:00 pm. <b>Extended care - \$60/week (\$48/short week).</b>			



# Enrolment Selection

## SPC Outdoor Camps

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

Week	Program	Cost	Transportation	Extended Care (\$60)	Subtotal
<input type="checkbox"/> Jun 30-Jul 4*	<input type="checkbox"/> Lil' Explorers (5 yrs) <input type="checkbox"/> Explorers (6-8 yrs) <input type="checkbox"/> Leadership (9-12 yrs) <input type="checkbox"/> LIT- 2 week program (13-14 yrs)	\$268 \$260 \$252 \$495	<input type="checkbox"/> Bus stop: _____ <input type="checkbox"/> Drive direct	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both *\$48/short week	<i>e.g. \$280 + \$48 = \$328</i>
<input type="checkbox"/> July 7-11	<input type="checkbox"/> Lil' Explorers (5 yrs) <input type="checkbox"/> Explorers (6-8 yrs) <input type="checkbox"/> Leadership (9-12 yrs)	\$335 \$325 \$315	<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"/> July 14-18	<input type="checkbox"/> Lil' Explorers (5 yrs) <input type="checkbox"/> Explorers (6-8 yrs) <input type="checkbox"/> Leadership (9-12 yrs) <input type="checkbox"/> LIT- 2 week program (13-14 yrs)	\$335 \$325 \$315 \$550	<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"/> July 21-25	<input type="checkbox"/> Lil' Explorers (5 yrs) <input type="checkbox"/> Explorers (6-8 yrs) <input type="checkbox"/> Leadership (9-12 yrs)	\$335 \$325 \$315	<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"/> Jul 28-Aug 1	<input type="checkbox"/> Lil' Explorers (5 yrs) <input type="checkbox"/> Explorers (6-8 yrs) <input type="checkbox"/> Leadership (9-12 yrs)	\$335 \$325 \$315	<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"/> August 5-8*	<input type="checkbox"/> Lil' Explorers (5 yrs) <input type="checkbox"/> Explorers (6-8 yrs) <input type="checkbox"/> Leadership (9-12 yrs)	\$268 \$260 \$252	<input type="checkbox"/> Bus stop: _____ <input type="checkbox"/> Drive direct	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both *\$48/short week	
<input type="checkbox"/> August 11-15	<input type="checkbox"/> Lil' Explorers (5 yrs) <input type="checkbox"/> Explorers (6-8 yrs) <input type="checkbox"/> Leadership (9-12 yrs)	\$335 \$325 \$315	<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"/> August 18-22	<input type="checkbox"/> Lil' Explorers (5 yrs) <input type="checkbox"/> Explorers (6-8 yrs) <input type="checkbox"/> Leadership (9-12 yrs)	\$335 \$325 \$315	<input type="checkbox"/> Bus stop: _____ <input type="checkbox"/> Drive direct	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both	
<b>TOTAL</b>					

\*All programs will be closed on July 1st (Canada Day) & August 4th (Civic Holiday).  
 Program costs are adjusted to reflect these short weeks.

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Route 1 - Ajax, Pickering, and Claremont			
Bus Stop	Morning Pick-Up	Evening Drop-Off	Extended Care
Roland Michener PS	8:00 am	5:15 pm	Available
Highbush PS	8:20 am	4:55 pm	Available
Claremont PS	8:50 am	4:25 pm	Available
Claremont Nature Centre	9:00 am	4:15 pm	N/A
Route 2 - Whitby/Brooklin			
Bus Stop	Morning Pick-Up	Evening Drop-Off	Extended Care
Glen Dhu PS	8:15 am	5:00 pm	Available
John Dryden PS	8:25 am	4:50 pm	Available
Brooklin Village PS	8:40 am	4:35 pm	Available
Claremont Nature Centre	9:00 am	4:15 pm	N/A

Before care- 7:00 am until the bus departs. After care- drop-off until 6:00 pm. **Extended care - \$60/week (\$48/short week).**

**Parent Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_