



Child's Information

Child's Name						Gender	
Child's Address							
Child's Birth Date	M		D		Y		ADMIN

Medical Information (Please continue to PAGE 3 for more details, if no medical issues, skip pages 3 & 4)

Allergies?						Immunizations up to date?	
Other?						Y	N
							ADMIN

Family Information

Mother's Name		H - PH #	
Address	If different from Childs	C - PH #	
Email Address		Wk - PH #	
Father's Name		H - PH #	
Address	If different from Childs	C - PH #	
Email Address	Provide only if you want 2 emails sent out	Wk - PH #	

Alternate Contact (for daily Pickups and Emergencies)

Parents will always be contacted first in an *emergency*! This alternate person should be available to retrieve your child if you are not available. If you have a day home provider, please put their name in this area. Otherwise, it should be someone you trust and who lives within a 15-min drive to the preschool such as a family member, neighbour or friend. **Should this alternate person change, you must alert us by email.**

Name:		Relation:		Cell Phone:	
911 Address (No PO Box #'s)		City/Province		Postal	

CLASS	PROGRAM COST	Enrollment Date Required?	Expected Drop Off Time?	Expected Pick Up Time?	School Child Attends?
Full Time (100 hrs +)	\$500/mo				Langdon
Part Time (50 – 99 hrs)	N/A				Sarah Thompson

There is a \$75/mo Vehicle Transportation fee for Sarah Thompson Students

ADMIN	PAID?	PROGRAM INCLUDES <ul style="list-style-type: none"> ➤ All PD days and RV School Vacations (Easter week, Family Week) ➤ Stat days are <u>not</u> included. ➤ Field Trips costs are <u>not</u> included. ➤ We follow RVS rules for inclement weather.
\$75 Reg Fee		
PAD Form		
Entered		



Authorization to Act in a Medical Emergency

In the event of a serious illness requiring medical attention, every effort will be made to notify the emergency contact person if the parent or guardian is unavailable. All care and attention will be given to the health and comfort of the student.

I hereby authorize the Director or Head Teacher in charge to obtain or secure such medical advice and treatment as may be deemed necessary for the health and safety of the student.

I agree to accept financial responsibility for and undertake to pay all costs resulting from the medical treatment. I also agree to release the teachers in charge at Langdon Learning Centre from any personal liability that may occur because of giving such medical attention either on or off the program property.

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(MM/DD/YYYY)

Parent or Guardian Signature

FOIP Requirement and Purpose Form

The information requested on all the forms within this registration package is considered confidential and will be treated accordingly. The information will be used at the discretion of the teacher in charge to assist in caring for the student’s health needs, particularly in the event of injury, or illness in the classroom or while attending a school field trip. Only staff & licensing officers will have access to your child’s file and can review it at any given time. As a parent you also have the right to review your child’s file at any given time.

All matters discussed with parents or guardians either by email correspondence, volunteering in the classroom or on a field trip will be held confidential and are not permitted to be shared with anyone other than the teachers and support staff present. When volunteering in our classroom, you must review our program policies and discipline procedures. You agree to legally abide by these rules and regulations even if your child no longer attends our program.

Pictures will be taken during activities for sharing with the families enrolled in the Langdon Learning Centre program. **If a picture is selected to be used on our website for advertising purposes, the parent or guardian will be contacted prior to and asked for written (email is acceptable) permission to post them.** You must refrain from posting any photos or videos taken at preschool events on any public media (i.e Facebook, Twitter) involving children other than your own, or teachers and support staff without their written consent to do so.

As the parent or guardian of the above-named child, I certify the information I have provided to Langdon Learning Centre is accurate and true. I have read the Parent Handbook provided and I acknowledge and understand the requirements for enrollment in this program. Any information provided that is untrue could result in immediate dismissal from the program.

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(MM/DD/YYYY)

Parent or Guardian Signature



Payor's PAD Agreement

INSTRUCTIONS

1. The Payee must retain this PAD Agreement for at least 12 months after the last Pre-Authorized Debit (PAD) is issued.
2. The Payee can obtain the transaction type code from the Payments Canada website. See Payments Canada Rule 007, Standards for the Exchange of Financial Data on AFT Files.
3. The Payee will insert the number of days required to cancel a payment in the "Cancel Payment" Section (cannot exceed 30 days).

PAYOR/PAYEE INFORMATION (MANDATORY)

Account Holder(s) Name(s) and Address(es) (the "Payor")

NAME _____
 ADDRESS _____
 CITY _____ PROVINCE _____ POSTAL CODE _____
 PHONE _____ FAX _____ EMAIL _____

Payee Name and Address (the "Payee") same as Payor

NAME _____
 ADDRESS _____
 CITY _____ PROVINCE _____ POSTAL CODE _____
 PHONE _____ EMAIL _____

PAYMENT DETAILS Specimen cheque marked "VOID" attached.

DESCRIPTION OF PAD (optional)	CPA TRANSACTION TYPE	PAYMENT TYPE (choose one only) <input type="checkbox"/> Personal PAD <input type="checkbox"/> Business PAD <input type="checkbox"/> Funds Transfer PAD	PAYOR ACCOUNT (the Payor's account at the Processing Institution; the "Account")		
			Institution	Branch I.D.	Account No.
AMOUNT OF PAYMENT	DATE\$		PAYOR FINANCIAL INSTITUTION – NAME AND ADDRESS (the "Processing Institution")		
<input checked="" type="checkbox"/> Fixed \$ _____	<input type="checkbox"/> Weekly beginning _____ <input type="checkbox"/> Bi-weekly beginning _____ <input checked="" type="checkbox"/> Monthly beginning _____				
<input type="checkbox"/> Variable: Maximum Amount \$ _____	<input type="checkbox"/> Other (specify intervals, set dates, or specific act, event, or other criteria that triggers PAD) _____				
	<input type="checkbox"/> Sporadic		PAYEE ACCOUNT (Payee's account for credit - complete if known.)		

AUTHORIZATION

I/We hereby authorize Payee, in accordance with the terms of my/our account agreement with Processing Institution, to debit or cause to be debited the Account for the purposes indicated in the "Payment Type" section of this PAD Agreement.

conditions on page 2, acknowledges understanding the terms and conditions of this PAD Agreement, and agrees to be bound by the terms and conditions of this PAD Agreement, including the terms and conditions on page 2.

By signing this Authorization, the Payor acknowledges having received and having read a copy of this PAD Agreement, including the terms and

I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed the Authorization.

Payor Signature _____ Date _____
 X _____

Payor Signature _____ Date _____
 Note: If only one signature is required for the Account, then only one Payor need sign. However, if two or more signatures are required, then both or all Payors must sign.

WAIVER OF PRE-NOTIFICATION (DOES NOT APPLY TO SPORADIC PADS)

I/We waive any and all requirements for pre-notification of debiting, including, without limitation, pre-notification of any changes in the amount of the PAD due to a change in any applicable tax rate, top-up, or adjustment.

X _____ X _____
 Payor Signature Payor Signature

CANCEL PAYMENT The Payor may cancel this authorization at any time (15 DAYS NOTICE IS REQUIRED BEFORE THE NEXT PAD WILL BE ISSUED. CANNOT EXCEED 30 DAYS)

The Payor hereby cancels this Payor's PAD Agreement effective: _____

X _____
 Payor Signature Date

X _____
 Payor Signature Date

1. This Agreement is subject to any and all applicable laws, including without limitations, any and all applicable laws relating to consumer protection.
2. Particulars of the Account that Payee is authorized to debit are indicated in the "Payment Details" section on page 1 of this Agreement. A specimen cheque, if available for the Account, has been marked "VOID" and attached to this Authorization.
3. I/We undertake to inform the Payee, in writing, of any change in the Account information provided in this Authorization prior to the next due date of the PAD.
4. This Authorization is continuing but may be cancelled at any time upon notice being provided by me/us, either in writing or orally, with proper authorization to verify my/our identity within the specified number of days before the next PAD is to be issued as noted on Page 1, Cancel Payment section. I/we acknowledge that I/we can obtain a sample cancellation form or further information on my/our right to cancel this Acknowledgement from Processing Institution or by visiting www.payments.ca.

I/we acknowledge that if I/we wish to cancel this Authorization or if I/we have any questions or need further information with respect to a PAD, I/we can contact the Payee at the telephone number or address set out in this PAD Agreement.

5. Revocation of this Authorization does not terminate any contract for goods or services that exists between me/us and Payee. This Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.
6. I/We acknowledge that provision and delivery of this Authorization to Payee constitutes delivery by me/us to Processing Institution. Any delivery of this Authorization to Payee constitutes delivery by the Payor.
7. If this Authorization is for fixed or variable amount business, personal or funds transfer PADs recurring at set intervals, unless I/we have waived any and all requirements for pre-notification of debiting in the "Waiver of pre-notification" section on page 1 of this Agreement, or unless the change in the amount of any such PAD will occur as a result of my/our direct action (such as, but not limited to, telephone instructions or other remote measures), I/we acknowledge I/we will receive:
 - (a) with respect to fixed amount business or personal PADs, written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least 10 calendar days before the due date of the first PAD, and such notice will be received every time there is a change in the amount or the payment date(s); or
 - (b) with respect to variable amount business or personal PADs, written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least 10 calendar days before the due date of every PAD; or
 - (c) with respect to business, personal or funds transfer PADs, at least 10 calendar days written notice from the Payee of any change in the amount of the PAD which results from a change in any applicable tax rate, a top-up or other adjustment. No pre-notification will be given if the amount of the PAD decreases as a result of a reduction in municipal, provincial, or federal tax. Pre-notification may be given in writing or in any form of representing or reproducing words in visible form, which, if I/we have provided an email address to the Payee, includes an electronic document.

The amount of pre-notification provided will change when there is a change in the pre-notification requirements contained in the Payments Canada Rules.

8. If this Authorization provides for PADs with sporadic frequency, I/we understand that the Payee is required to obtain an authorization from me/us for each and every PAD prior to the PAD being exchanged and cleared. I/we agree that a password or security code or other signature equivalent will be issued and will constitute valid authorization for the Processing Institution to debit the Account.
9. I/We acknowledge that Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of this Authorization, including, but not limited to, the amount.
10. I/We acknowledge that Processing Institution is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by Payee as a condition to honouring a PAD issued or caused to be issued by Payee on the Account.
11. I/We acknowledge that, if this Authorization is for personal or business PADs or for funds transfer PADs that have recourse through the clearing system, a PAD may be disputed but only under the following conditions:
 - (a) the PAD was not drawn in accordance with this Authorization;
 - (b) this Authorization was revoked; or
 - (c) pre-notification was required and was not received.


I/We further 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 Processing Institution holding the Account on or before the 90th calendar day in the case of a personal PAD or funds transfer PAD that has recourse through the clearing system or, in the case of a business PAD, on or before the 10th business day, in each case after the date on which the PAD in dispute was posted to the Account.

12. I/We acknowledge that any claim made after the periods set out above must be resolved solely between me/us and the Payee and there is no entitlement to reimbursement from the Processing Institution.
13. I/We acknowledge and agree that if this Authorization is for funds transfer PADs and the Payee does not provide recourse through the clearing system, then no recourse will be provided through the clearing system (that is, I/we will not receive automatic reimbursement in the event of a dispute) and I/we must seek reimbursement or recourse from the Payee in the event a PAD is erroneously charged to the Account.
14. Unless this Authorization is for a funds transfer PAD that does not have recourse through the clearing system, I/we acknowledge that I/we have certain recourse rights if a debit does not comply with this Authorization. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Authorization. To obtain more information on my/our recourse rights I/we can contact Processing Institution or visit www.payments.ca.
15. I/We acknowledge that I/we understand that I/we are participating in a PAD plan established by Payee and I/we accept participation in the PAD plan upon the terms and conditions set out herein.

MEDICATION CONSENT FORM

Please fill out the following information enabling our trained staff to administer medication to your child. Under government regulations, without proper consent, staff members are not permitted to administer any medication.

PERSONAL INFORMATION

Child's Name		<p>Insert Your Child's Photo Here</p>  <p>shutterstock · 118086349 s Photo</p>
Birthdate (M/D/Y)		
Parent Name		
Parent Signature		
Date		

MEDICAL INFORMATION

Medical Condition			
Name of Medication			
Prescription #			
Date of Issue		Expiration Date	
Dosage		Time of Day Given	
When to administer?	i.e. Wheezing heavily, coughing heavily, throat is closing, twice a day as prescribed etc..		

Additional Comments (Instructions, Symptoms etc..) or medical history we should be aware of.

Administrative Staff will attach a log form to record when (if) medication is administered. This form will be shared with and initialed by parents, and the staff member who issued the medication.

Examples of Medicine & Devices



All medical devices must be either left on site or transported daily between programs.

This is a safety rule and is governed by our licensing requirements. Please ensure you have the following packaged in a **clear Ziploc bag** with your **child's first and last name clearly written on the front**.

- The medicine/device must be in its **original container**/packaging with readable instructions.
- The date on the container can **NOT BE EXPIRED**.
- A medical form (provided by the preschool) is filled out ****See Page 3**
- Provide us with a 3" x 5" close-up photo of your child's face.

Ziplock baggies containing medical **devices** will be accessible to all kindergarten aged children and older. All children below kindergarten age will be kept out of reach of children but easily accessible to adults for quick administration. **THE MEDICAL FORM included in the Ziplock baggie is to be used by ALL CAREGIVERS** (guardians, day homes, schoolteachers, etc.). This way we know when the device or medication was last administered.

Our part to keep your child safe

- We are a NUT AWARE preschool.
- We do not allow the sharing of snacks amongst our students/teachers.
- We ask parents of children with severe allergies to supply a special treat for their child during group events.
- Both Primary teachers maintain their First Aid/CPR courses.

Thank you for assisting us to help keep your child safe while in our care.



ABOUT YOUR CHILD

Thank you for sharing information about your child. For us to maintain a responsive and respectful relationship with you as a family, and for us to care for your child optimally, this information will be very helpful to us. **Please try to give specific answers rather than just yes or no whenever possible.**

Tell us about your child’s personality (are they shy, outgoing, engaging, reserved?) Please feel free to tell us all the wonderful things about your child.

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Activity Like & Dislikes (games/toys etc.)

Indoor?	
Outdoor?	
Other?	

Family

Siblings & Ages?	
Pets Names?	

Cultural Background

Are there holidays you exclude from?	
Are there special events you want us to participate in?	
What is your families first language?	
What discipline strategies do you use, and would you like help with this?	
Tell us more.....	

Ages & Stages of Development

Does your child have any emotional challenges?	
Does your child have any physical limitations?	
Are there any behavioral concerns?	



Langdon Learning Centre – OUT OF SCHOOL REGISTRATION

THIS TRANSPORTATION WAIVER & RELEASE (this "Agreement") dated this day _____ month of _____ and year _____.

BETWEEN: (the "Parent /Guardian Participant")

OF THE FIRST PART

AND

Langdon Learning Centre of 120, 355-Centre Street Langdon, AB T0J 1X2,
(collectively the "Program Provider")

OF THE SECOND PART

IN CONSIDERATION OF the covenants and agreements contained in this Agreement and other good and valuable consideration, the receipt of which is hereby acknowledged, the parties to this Agreement agree as follows:

Consideration

1. Being of lawful age and in consideration of allowing their child to participate in the transport of children to and from the program, the Participant releases and forever discharges the Program Provider the Program Provider's spouse, heirs, executors, administrators, legal representatives and assigns from all manner of actions, causes of action, debts, accounts, bonds, contracts, claims and demands for or by reason of any injury to person or property, including injury resulting in the death of the Participant, which has been or may be sustained as a consequence of the Participant's participation in the activity described below, and notwithstanding that such damage, loss or injury may have been caused solely or partly by the negligence of the Program Provider.
2. The Releasor understands that the Releasor would not be permitted to participate in the activity described below unless the Releasor signed this Agreement.

Details of Activity

Parents of the children being transported to and from Langdon Learning Centre are aware that the contract driver meets the following criteria:

- Valid driver's license
- Clean driving abstract
- Police clearance and Vulnerable Sector Search.
- Holds at minimum a first aid/CPR certification.
- Holds at minimum a level 1 CDA certification.
- Vehicle has passed the required commercial bus inspection.
- Vehicle carries the required insurance coverage set by Transport Canada.



Langdon Learning Centre – OUT OF SCHOOL REGISTRATION

- Detailed information available on our website <https://langdonlearningcentre.ca/out-of-school-registratio>, under the tab “Out Of School Program Plan” Section 2. 2.15 pg 14-16.

Concurrent Release

1. The Participant acknowledges that this Agreement is given with the express intention of effecting the extinguishment of certain obligations owed to the Participant and with the intention of binding the Participant's spouse, heirs, executors, administrators, legal representatives, and assigns.

Fitness to Participate

2. The Participant acknowledges that the Child Participant does not have any physical limitations, medical ailments, physical or mental disabilities that would limit or prevent the Participant from participating in the above-mentioned activity. If required, the Participant's child will obtain a medical examination and clearance if special measures are required.

Full and Final Settlement

3. The Participant hereby acknowledges and agrees that the Participant has carefully read this Agreement, that the Participant fully understands the same, and that the Participant is freely and voluntarily executing the same.
4. The Participant understands that by signing this Agreement, the Participant agrees to be forever prevented from suing or otherwise claiming against the Program Provider for any property loss or personal injury that the Participant may sustain while participating in or preparing for the above noted activity.
5. The Participant has been given the opportunity and has been encouraged to seek independent legal advice prior to signing this Agreement.
6. This Agreement contains the entire agreement between the parties to this Agreement and the terms of this Agreement are contractual and not a mere recital.

Governing Law

7. This Agreement will be construed in accordance with and governed by the laws of the Province of Alberta.



Langdon Learning Centre – OUT OF SCHOOL REGISTRATION

Emergency Contact

8. Name of Child(ren) participating *If you have more than one child joining the program, only one Transportation Waiver & Release form is required:*

Name		Contact Person		Emergency #	
Name					
Name					
Name					

Transportation Payment

9. Payment is made directly to the Langdon Learning Centre through pre-authorization debit on the 1st of each month during the school year starting Sept 1st to June 1st.

The cost of this service is **\$75 per month**. This amount will be added into the regular childcare fees through automatic debit system. **This monthly charge is only for students who attend SARAH THOMPSON SCHOOL.** Langdon School students must still fill out this waiver form for possible scheduled outings.

**The fee could be subject to change with no less than 30 days' notice.

IN WITNESS WHEREOF the Participant and Activity Provider have duly affixed their signatures under hand and seal on this _____

Day

Month

Year

Langdon Learning Centre (Program Provider)

WITNESS

(Parent/Guardian)

WITNESS