



# ST. PATRICK'S ELEMENTARY SCHOOL

## St. Patrick's Preschool APPLICATION FORM 2024-2025

Child's Full Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Cell Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Home: \_\_\_\_\_

\_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Home: \_\_\_\_\_

\_\_\_\_\_

Parish Where Registered: \_\_\_\_\_ Envelope Number: \_\_\_\_\_

Official Tax Receipt Payable to: \_\_\_\_\_

### REGISTRATION REQUIREMENTS

Please attach Photocopies of the following documents:

\_\_\_\_\_ \$65.00 Registration Fee – NON-REFUNDABLE

\_\_\_\_\_ Birth Certificate

\_\_\_\_\_ Baptismal Certificate

### PAYMENT DUE UPON ACCEPTANCE:

(Pre-Authorized Debit form)

\_\_\_\_\_ September tuition (withdrawn March 15th)

Non-Refundable

\_\_\_\_\_ Tuition (PAD)

\_\_\_\_\_ Emergency Prep. Fee \$40.00

### PLEASE CHECK YOUR PROGRAM PREFERENCE:

2 Days: Tuesday/Thursday:	
3 Days: Monday/Wednesday/Friday	
5 Days: Monday-Friday	

OFFICE USE ONLY			
Registration Fees (\$65.00)		Tuition Rate:	
Emergency Fee (\$40.00)		Date Received:	



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## St. Patrick's Preschool 2024-2025

### PARENT HANDBOOK ACKNOWLEDGEMENT FORM

Child's Name: \_\_\_\_\_

I \_\_\_\_\_ acknowledge that I have read and understand the information in the St. Patrick's  
(parent's full name)

Preschool Parent Handbook.

Parent or Guardian's Name (please print): \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Neighbourhood Walks Permission Form

I permit my child \_\_\_\_\_ to go on supervised neighbourhood walks with the staff of St. Patrick's Preschool during preschool hours for the current preschool year. These neighbourhood walks might occur for one off the following reasons:

- Nature walks
- Physical exercise
- Learning about our environment

Parent or Guardian's Name (please print): \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## PERSONAL INFORMATION PRIVACY ACT CONSENT FORM

1. I consent to having St. Patrick's Preschool collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents work numbers and e-mail address, behavioural and health information, emergency contact name and number, doctors' names and numbers, health insurance numbers and any similar information needed for registration. This information is required in order to register your child at this school and assist the school in making an informed decision as to your child's suitability and appropriate placement in the school.

It will also allow the school to respond immediately to an emergency. For information, the privacy manager for St. Patrick's Elementary School is Mrs. Evans and may be reached at 604-879-4411.

2. I consent to having work samples and photographs of my child(ren) used by St. Patrick's Preschool on the school website, newsletters and other promotional material.
3. I consent to having photographs and work samples of my child(ren) used by St. Patrick's Preschool in the school yearbook.
4. The school may prepare a family phone list for class lists and telephone trees.
5. The school may release any pertinent information to St. Patrick's Parish (ie: names, addresses, phone contact numbers, etc.)

**(Please Print)**

Family Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_



# ST. PATRICK'S ELEMENTARY SCHOOL

## Pre-Authorized Debit Authorization Form (PAD) and Electronic Funds Transfers (EFTs) Agreement for 2024-2025 Tuition and Fee Payments

### Student Information: PLEASE PRINT

1.	_____	_____	_____
	Last Name	First Name	Entering Grade
2.	_____	_____	_____
	Last Name	First Name	Entering Grade

### INSTRUCTIONS:

1. Please complete all sections in order to instruct your financial institution to make payments directly from your account.
2. Please sign the Terms and Conditions on the reverse of this document.
3. Return the completed form with a blank cheque marked "VOID" or have your financial institution provide a form with your bank account information if you have changed your financial institution and or accounts.

### Payee Information: PLEASE PRINT

_____	_____	_____	_____
Last Name of Account Holder	First Name of Account Holder	Email Address	Phone Number
_____	_____	_____	_____
Home Address	City	Province	Postal Code

### Bank Account Information:

_____	_____	_____	_____
Name of Financial Institution	Institution No.	Transit No.	Account No.

No changes to account, use the same account as the previous year.

_____	_____	_____
Parish Where Registered	Envelope Number	Tax Receipt Should be Made Out to:

*Note: If not indicated you will be charged non-parishioner rates*

### Pre-Authorization Debit (PAD)

I/We authorize Saint Patrick's Elementary School to debit my/our account with the aforementioned financial institutions as indicated above, for the purpose of monthly tuition fees and miscellaneous payments. In the event that a payment is returned, I/we also authorize the school to re-submit the payment plus an administrative fee NSF of **\$20.00**. In order to facilitate any changes to your bank account, the school office must receive the information in writing at least 10 days prior to the tuition withdrawal date.

**TUITION:** (Please initial)



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\_\_\_\_ Pre-authorization is given for 9 monthly debits in the amount of \$ \_\_\_\_\_ for the months of October 1, 2024 to June 1, 2025 inclusive. For all student(s), please note that school fees for the month of September withdrawn via PAD March 15th 2024 and are non-refundable. Other Debits will take place on the first (1<sup>st</sup>) day of each month or the next business day.

## Other Incidentals: (Please initial)

St. Patrick's Elementary School will introduce the use of incidentals PAD fees effective from 1 September 2020 to collect incidental fees from families. In practical terms what this means is that when the school notifies you of an incidental fee for your child (for example, a field trip fee, year book fee) that these funds **will be debited directly** from your bank account by the school. We are introducing this process to help automate our payments processing and reduce the need to handle physical cash/ cheques. In order to do this, we require your authorization **and a copy of a void cheque**.

Please note that St. Patrick's Elementary School will only withdraw the specified amount after first having notified you of the amount and purpose for which the fee is being levied and the date that the funds will be debited from your account. In introducing this payment process we will reduce substantially the school's overhead (collecting physical cash, the depositing of such cash at the bank, its reconciliation not to mention avoiding cases where a child might lose the money on the way to school).

I, consent to St. Patrick's Elementary School debiting from my bank account payment for incidental activities related to my child's education that occur during the course of the 2024-25 school year recognizing that the school will only do so after first informing me of the activity, its cost and the date the funds will be withdrawn from my account.

\_\_\_\_\_  
Name of Account Holder

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Account Holder

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# ST. PATRICK'S ELEMENTARY SCHOOL

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## PAYOR'S PAD AGREEMENT PERSONAL PRE-AUTHORIZED DEBIT PLAN

### Terms & Conditions

1. In this Agreement, "I", "me" and "my" refers to each Account Holder who signs below.
2. I agree to participate in this Pre-Authorized Debit Plan for personal/household or consumer purposes and I authorize the Payee indicated on the reverse hereof and any successor or assign of the Payee to draw a debit in paper, electronic or other form for the purpose of making payment for consumer goods or services (a "Personal PAD"), on my account indicated on the reverse hereof (the "Account") at the financial institution indicated on the reverse hereof (the "Financial Institution") and I authorize the Financial Institution to honour and pay such debits. This Agreement is provided for the benefit of the Payee and my Financial Institution and is provided in consideration of my Financial Institution agreeing to process debits against my Account in accordance with the Rules and the Canadian Payments Association. I agree that any direction I may provide to draw a Personal PAD, and any Rules of the Canadian Payments Association. I agree that any direction I may provide to draw a Personal PAD, and any Personal PAD drawn in accordance with this Agreement, shall be binding on me as if signed by me, and, in the case of paper debits, as if they were cheques signed by me.
3. I may revoke or cancel this Agreement at any time upon notice being provided by me either in writing. I acknowledge that in order to revoke or cancel the Agreement provided in this Agreement, I must provide notice or revocation or cancellation to the Payee. This Agreement applies only to the method of payment and I agree that revocation or cancellation of this Agreement does not terminate or otherwise have any bearing on any contract that exists between me and the Payee.
4. I agree that my Financial Institution is not required to verify that any Personal PAD has been drawn in accordance with this Agreement, including the amount, frequency and fulfillment of any purpose of any Personal PAD.
5. I agree that delivery of this Agreement to the Payee constitutes delivery by me to my Financial Institution. I agree that the Payee may deliver this Agreement to the Payee's financial institution and agree to the disclosure of any personal information which may be contained in this Agreement to such financial institution.
6. I understand that with respect to:
  - (a) fixed amount Personal PADs occurring at set intervals, I shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days before the due date of the first Personal PAD, and such notice shall be received every time there is a change in the amount or payment dates(s); or
  - (b) variable amount Personal PADs occurring at set intervals, I shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days before the due date of every Personal PAD.
  - (c) Fixed amount and variable amount Personal PADs occurring at set intervals, where the Personal PAD Plan provides for the change in the amount of such fixed and variable amount PADs as a result of my direct action (such as, but not limited to, a telephone instruction) requesting the Payee to change the amount of a PAD, no pre-notification of such changes is required.OR
  - (d) I agree to either waive the pre-notification requirements in section 6(a) of this Agreement or to abide by any modification to the pre-notification requirements as agreed to with the Payee.
7. I agree that with respect to Personal PADs, where the payment frequency is sporadic, a password or secret code or other signature equivalent will be issued and shall constitute valid Agreement for the Payee or its agent to debit my account.



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8. I may dispute a Personal PAD by providing a signed declaration to my Financial Institution under the following conditions:
- (a) the Personal PAD was not drawn in accordance with this Agreement;
  - (b) this Agreement was revoked or cancelled; or
  - (c) any pre-notification required by section 6(b) was not received by me.
- I acknowledge that in order to obtain reimbursement from my Financial Institution for the amount of a disputed Personal PAD, I must sign a declaration to the effect that either (a), (b) or (c) above took place and present it to my Financial Institution up to and including but not later than ninety (90) calendar days after the date of which the disputed Personal PAD I must sign a declaration to the effect that either (a), (b) or (c) above took place and present it to my Financial Institution up to and including but not later than ninety (90) calendar days after the date on which the disputed Personal PAD was posted to my Account. I acknowledge that, after this ninety (90) day period, I shall resolve any dispute regarding a Personal PAD solely with the Payee, and that my Financial Institution shall have no liability to me respecting any such disputed Personal PAD.
9. I certify that all information provided with respect to the Account is accurate and I agree to inform the Payee, in writing, of any change in the Account information provided in this Agreement at least ten (10) business days prior to the next due date of a Personal PAD. In the event of any such change, this Agreement shall continue in respect of any new account to be used for Personal PADs.
10. I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Agreement below. In addition, I warrant and guarantee, where applicable, that I have the authority to electronically agree to commit to this Agreement by secure electronic signature and that my secure electronic signature conforms with the requirements of Rule H1.
11. I understand and agree to the foregoing terms and conditions.
12. I agree to comply with the Rules of the Canadian Payments Association or any other rules or regulations which may affect the services described herein, as may be introduced in the future or are currently in effect and I agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described herein.
13. Applicable to the Province of Quebec only: It is the express wish of the parties that this Agreement and any related documents be drawn up and executed in English. Les parties conviennent que la présente Agreement et tous les documents s'y rattachant soient rédigés et signée en anglais.

\_\_\_\_\_  
Name of Account Holder

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Account Holder

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Name of Facility:**

**CHILD'S STARTING DATE:**

**SEX:**

**DATE OF BIRTH:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
YY MM DD

M \_\_\_\_ F \_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
YY MM DD

**NAME OF CHILD:** \_\_\_\_\_

(Surname)

(Given Names)

(Also Known As)

Name the Child responds to: \_\_\_\_\_

Address: \_\_\_\_\_

Postal code: \_\_\_\_\_ Phone: \_\_\_\_\_

Person(s) with whom the child lives (adults and children): \_\_\_\_\_

Child's first language: \_\_\_\_\_ Other languages: \_\_\_\_\_

**Parent(s) / guardian(s):**

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Days/hours of work: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Days/hours of work: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Person(s) authorized to pick up the child and be contacted in case of emergency. These people should be available during hours of care. (include mother / father / guardian):**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**If appropriate, list an English speaking contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Has the child previously attended daycare/preschool?**

YES  NO  Comments: \_\_\_\_\_

**Comments/instructions to help us care for your child. (Please feel free to add additional pages.):**

Toileting/Diapering (special words): \_\_\_\_\_

Rest Time (special comfort – toy/blanket): \_\_\_\_\_

Eating/Mealtime (include food likes/dislikes): \_\_\_\_\_

Fears: \_\_\_\_\_



**Please tell us anything else you think will help us provide an enriching experience for your child:** \_\_\_\_\_

**HEALTH INFORMATION**

Health professionals involved with your child (other than doctor and dentist):

NAME	PROFESSION/AGENCY	Phone:
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Does your child have:**

A medical condition/concern? YES  NO   
If yes, please provide further information: \_\_\_\_\_

Allergies? YES  NO   
If yes, please provide further information: \_\_\_\_\_

Asthma? YES  NO   
If yes, please provide further information: \_\_\_\_\_

Has your child had a seizure in the past year? YES  NO   
If yes, please provide further information: \_\_\_\_\_

Does your child require a special diet related to a medical condition? YES  NO   
If yes, please provide further information: \_\_\_\_\_

Food sensitivities? YES  NO   
If yes, please provide further information: \_\_\_\_\_

**List all prescription and “over the counter” medications your child receives:**

Medication	Times Given	Reason for Medication
_____	_____	_____
_____	_____	_____

You may be asked to complete additional forms if you answered yes to any of the above.

This health information may be made available to the staff of Vancouver Coastal Health.

<b>Custody Agreement</b> YES <input type="checkbox"/> N/A <input type="checkbox"/>	<b>Provided to Facility</b> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
<b>Immunization Documents Returned to Facility</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>Information Provided By:</b> _____	_____
DATE: ____/____/____	Print Name
YY MM DD	Signature
<b>Information Received By:</b> _____	_____
DATE: ____/____/____	Print Name
YY MM DD	Signature

<b>Office Use Only</b>
Date Child Leaves the Facility: DATE: ____/____/____
YY MM DD

