



ST. PATRICK'S ELEMENTARY SCHOOL

AFTER-SCHOOL CARE PROGRAM

Application Form 2026-2027 (per student)

Start date: _____

Child's Full Name: _____

Gender: Male _____ Female _____ Grade: _____

Birthdate: _____

Address: _____

Home Phone Number: _____

Mother's Name: _____ Cell Number: _____ Home: _____

Father's Name: _____ Cell Number: _____ Home: _____

Official Tax Receipt Payable to: _____

REGISTRATION REQUIREMENTS FEE: _____ \$75.00 Non-Refundable

PLEASE CHECK YOUR PROGRAM PREFERENCE:

5 DAYS A WEEK:	\$455.00	
4 DAYS A WEEK:	\$380.00	
3 DAYS A WEEK:	\$310.00	
2 DAYS A WEEK:	\$220.00	
DROP IN ONLY:	\$40.00	

OFFICE USE ONLY	
Program Rate:	
Date:	
Received By:	

After-School Care Program Parent Agreement for 2026-2027

Please read and initial below.

PICK-UP POLICY

Parents are advised to pick up their child/ren at 5:30 p.m. at the East side door of the building. Children are released to parents, guardians and authorized pick-up persons in emergency form only.

Late Fee:

There will be a late charge of \$1.00 per minute in case you are late to pick up your child/ren.

Withdrawal Policy:

If you wish to withdraw your child/ren from After-School Care Program, we require a **one-month notice in writing** to be handed in before the 1st of the month.

Unscheduled Closures:

In the event of unforeseen closure (such as heavy snowfall, earthquake and power outage), the After-School Care Program will be closed. Please find alternate arrangements for your child/ren.

Note:

The After-School Care Program will not be operating during Winter break, Spring break or Summer break, Professional days and Early Dismissal.

The After-School Care Program will observe all Statutory/Provincial holidays such as: Labor Day, Provincial Truth & Reconciliation Day, Thanksgiving Day, Remembrance Day, Christmas day, New Year's Day, Family Day, Good Friday, Easter Monday and Victoria Day.

Departure:

A sign out sheet will be provided for parents to sign out their child/ren. All children must be signed out at the end of the day and let the staff know you are taking your child/ren home.

Vacation:

If you are going on vacation a full month's fee is required to ensure your child's spot is available upon returning to school.

Sick Days:

If your child is absent from school, it is to be expected that they will be absent from the After-School Care Program for that day. Your child can only attend the After-School Care Program on the days they are registered, regardless of sick days. There is to be no switching of days to make up for absent days.

Parent Name:

Parent Initial:

Date:



ST. PATRICK'S ELEMENTARY SCHOOL

After-School Care Program Tuition and Registration Fee Schedule for 2026-2027

Registration Fee: \$75.00 per student **Non-refundable**

Each student is charged a non-refundable Registration Fee at the time of Registration

Hours of Operation:

Monday, Tuesday, Thursday, Friday 3:00 p.m. – 5:30 p.m.

****Wednesday 2:30 p.m. – 5:30 p.m.**

Program Fees for School Year 2025-2026

5 days a week - \$455.00 per month

4 days a week - \$380.00 per month

3 days a week - \$310.00 per month

2 days a week - \$220.00 per month

Drop in only - \$40.00 per day

Important Note: There will be a charge of \$20.00 for each NSF cheque.

Method of Payment:

Pre-Authorized Debit (form and a void cheque due upon acceptance)

September fee is due at time of registration and is **Non-Refundable**

There will be a late charge of \$1.00 per minute in case you are late to pick up your child/ren.

After-School Care Program Parent Agreement for 2026-2027

PARENT COPY

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ST. PATRICK'S ELEMENTARY SCHOOL

Pre-Authorized Debit Authorization Form (PAD) and Electronic Funds Transfers (EFTs) Agreement for 2026-2027 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:



Check if no changes to account, use the same account as the previous year.

Name of Financial Institution

Institution No.

Transit No.

Account No.

Parish Where Registered (if applicable)

Envelope Number

Tax Receipt Should be Made Out to:

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 After School Care Program fees, Late Fees and or Drop In Fees. 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.

Monthly Fees: *(Please initial)*

____ Pre-authorization is given for the September 1st After School Care Program Fee to be withdrawn on May 1st of the current year and is non-refundable. The remaining 9 months of recurring fees will be withdrawn on the first (1st) day of each month or the next business day October thru June.

Late Fees and Drop in Fees: *(Please initial)*

____ Pre-authorization is given for any Late Fees (\$1.00 per minute and/or Drop In Fees (\$40.00 per day) to be withdrawn on the fifteenth (15th) day of every month.

Name of Account Holder

Signature

Date

Name of Account Holder

Signature

Date



ST. PATRICK'S ELEMENTARY SCHOOL

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 a valid Agreement for the Payee or its agent to debit my account. 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.

- 8. 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.
- 9. 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.
- 10. I understand and agree to the foregoing terms and conditions.
- 11. 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.
- 12. 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