



KIDS CONNECTION YORKTON

Dear Parent/Guardian,

Enclosed please find a registration form, agreement and emergency card for Kids Connection Yorkton Daycare

Please complete both sides of all forms, and then return ALL forms with a \$75.00 registration/supply fee. We ask that you give a void check & form for direct-withdrawal or post-dated checks for the 1st of each month to hold your child's spot.

*Checks made out to: **Kids Connection**

*Yes, we take Government Subsidy (form can be provided)

A small picture of your child is also required for their file.

Please drop off everything at the center or mail forms, picture and checks/PAD agreement immediately to ensure your child's space is saved.

We must have all forms and Registration Fee at the center before your child starts their program.

Thank you from all the staff at Kids Connection Yorkton

Child's Name: _____

Birthday _____ Male: Female:

Child's Hair Color: _____ Child's Eye Color: _____

Care Card #: _____

Doctor: _____ Phone #: _____

Parents/Guardian: _____

Address: _____

Home #: _____

Work #: (mom): _____ (dad): _____

Cell #: (mom): _____ (dad): _____

Emergency Contact: _____

Relationship: _____ Phone #: _____

Medical Condition: _____

Allergies: _____

Permission to call Doctor/Ambulance: YES/NO

Program: _____ Grade: _____

Signature: _____

Child's Picture:

KIDS CONNECTION YORKTON

- Offering care for 3 to 5 year olds, infant and toddlers

CHILD'S NAME: _____

PROGRAM HE/SHE IS IN: Multi-Age/Jr Kindergarten/Daycare (please circle)

DAYS: Mon/Wed/Fri or Tues/Thurs or Mon to Fri (please circle)

TIMES: 8am to 4:30pm (Multi-Age)/9am to 3pm (Jr K)/7:45am to 5:00pm (daycare)

NAME OF PARENTS OR GUARDIAN: _____

BIRTHDAY: _____ MALE FEMALE CARE CARD #: _____

CHILD'S HAIR COLOR: _____ CHILD'S EYE COLOR: _____

WEIGHT: _____ HEIGHT: _____ ANY OTHER PHYSICAL DESCRIPTIONS: _____

MAILING ADDRESS (street, city/town, postal code):

(parent 1): _____ PHONE NUMBER: _____

(parent 2): _____ PHONE NUMBER: _____

EMAIL ADDRESS:

(parent 1): _____ (parent 2): _____

WORK PHONE NUMBER:

(parent 1): _____ (parent 2): _____

DOCTOR'S NAME: _____ PHONE NUMBER: _____

PERSON TO CONTACT IN CASE OF EMERGENCY (if parent/guardian not available)

WHO ARE ALSO AUTHORIZED TO PICK UP MY CHILD _____ (parent's initials)

1. NAME: _____ PHONE NUMBER: _____

2. NAME: _____ PHONE NUMBER: _____

3. NAME: _____ PHONE NUMBER: _____

NO OTHER PERSONS ARE ALLOWED TO PICK UP MY CHILD EXCEPT FOR THE PEOPLE INDICATED ABOVE.

IMMUNIZATION: MY CHILD IS (please check box)

FULLY VACCINATED

PARTIAL VACCINATED

NOT VACCINATED

HEALTH CONCERNS (yes/no): IF YES, FILL OUT BELOW

ALLERGIES (yes/no) IF YES, WHAT KINDS: _____

ASTHMA: _____ CONVULSIONS: _____ HAYFEVER: _____ BLEEDING NOSE: _____

URINE INFECTIONS: _____ EAR INFECTIONS: _____ BRONCHITIS: _____

ANY VISION, HEARING OR SPEECH CONCERNS: _____

ANY LEARNING/PHYSICAL CONCERNS: _____

ANY BEHAVIOR/EMOTIONAL CONCERNS: _____

OTHER MEDICAL PROBLEMS: _____

IS YOUR CHILD ON ANY MEDICATION (yes/no) IF YES, WHAT: _____

SPECIAL DIET: _____

OTHER CONCERNS (yes/no) : IF YES, FILL OUT BELOW

SIGNIFICANT CHANGES IN YOUR CHILD'S LIFE (i.e. death, separation, move, new sibling,...):

IS THERE A CUSTODY AGREEMENT OR RESTRAINING ORDER (yes/no), IF YES, A COPY MUST BE PROVIDED

DETAILS: _____

ARE THERE ANY PERSONS THAT SHOULD NOT HAVE ACCESS TO YOUR CHILD (yes/no), IF YES, PLEASE
FILL OUT BELOW

ANY OTHER IMPORTANT INFORMATION (i.e. food likes, dislikes, toileting, favorite things, fears, religious
and/or cultural observances,...):

I REALIZE THAT THE CENTER MUST REPORT ANY ACCIDENT OR INCIDENT OF A SUSPICIOUS NATURE.

I HAVE READ AND AGREE TO THE ABOVE INFORMATION AND WILL NOTIFY THE CENTER IF THERE ARE
ANY CHANGES.

PARENT OR GUARDIAN SIGNATURE

DATE

PARENT AGREEMENT AND CONTRACT

Please initial each line and sign and date the end of the parent agreement.

I will adhere to our agreed payment of \$ _____ per month and prepaid for the first of each month by PAD agreement or government subsidy forms.

If fees are not paid by the 5th of the month I understand that my child may be withdrawn from the program until payment has been received.

I agree to pay a \$75.00 non-refundable registration/supply fee, which holds a spot for my child for the year and pays administration fees. I understand Kids Connection Yorkton regular programs operate from September to August only and that it is closed in December for 2 weeks for Winter Break and two weeks over the summer. I also understand the program is closed for all statutory holidays.

My child is registered for the _____ program and I understand that I will be charged \$5.00 per 5 minutes after pick up time. **A maximum of 3 late pick-ups or other arrangements will have to be made.**

I will not send my child to the center if they are ill and I will notify the center if my child has come in contact with a communicable disease. I will also call the center before my child's class begins to let staff know if my child will be absent that day.

In case of accident or illness, I authorize the center to contact a physician and/or ambulance if I cannot be reached immediately to pick up my child and I will accept all physician/ambulance fees.

In the event of absenteeism due to illness, vacation, etc. not initiated by the center, I understand I am still responsible for full payment.

In case of a staff illness or emergency, I authorize a qualified substitute to care for my child.

Kids Connection Yorkton does not administer medications except needing for emergency such as inhalers for asthma and epi-pens for allergies. If your child needs such medication an allergy or asthma form will be given out and be added to your child's file.

I understand sunscreen is required for high risk months (May to September). I will apply sunscreen **BEFORE** my child arrives to daycare. I consent for the staff at Kids Connection Yorkton to apply the sunscreen I have provided for my child in the afternoon if necessary.

I give permission for my child's photograph to be taken to be displayed at the center, on our website and social media pages.

Sometimes we offer snacks as an activity, which will be indicated on the monthly activity calendar. Allergies are always taken into consideration when offering snacks. Is your child allowed to partake in foods the center is providing? **YES or NO (please circle)**

I give permission for my child to walk with Kids Connection Yorkton staff to Skaha Lake Park, the spray park, and Discovery Park, and to play at these locations under staff supervision.

_____ The first month of attendance will be considered a period of adjustment for each child. It is the center and parent's responsibility to keep each other informed of the child's progress and happiness. If a child seems unhappy or if the arrangement seems unsatisfactory for any other reason the contract can be terminated by either party without notice during this period.

Termination of regular services after this adjustment period requires 30 days-notice by either party in writing or a payment of one month's fees must be paid in lieu of notice. Notice must be given by the final day of the month prior. For example, notice must be given by October 31 making November their last month and last day of services would be November 30. Post-dated checks would be returned at that time or cancellation of the PAD agreement. Please allow 2-4 weeks for processing of a refund by check after last day of child's attendance at the center for either termination of services or unexpected facility closure.

I HAVE READ AND AGREE TO THE ABOVE INFORMATION AND WILL NOTIFY THE CENTER IF THERE ARE ANY CHANGES. I AGREE I HAVE RECEIVED A PARENT HANDBOOK OR VIEWED KIDS CONNECTION'S WEBSITE (www.kidsconnectiondaycare.com) WITH ALL INFORMATION ABOUT OUR POLICIES & PROCEDURES.

PARENT OR GUARDIAN SIGNATURE

DATE

START DATE OF PROGRAM

END DATE OF PROGRAM (office use)

INSTRUCTIONS

1. The Payee must retain this 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 CPA website. See CPA Rule 005, Standards for the Exchange of Financial Data on AFT Files (Section D, Appendix 2, Transaction Types).
 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 Name(s) (the "Payor")	
Address (street, city, province, postal code)	
Email Address	Phone No.
Payee Name (the "Payee") Kids Connection Uplands	<input type="checkbox"/> same as Payor
Address (street, city, province, postal code) 145 Middle Bench Rd S Penticton BC V2A 8S7	
Email Address kidsconnectionuplands@yahoo.com	Phone No. 250-488-2227

PAYMENT DETAILS Specimen cheque marked "VOID" attached.

**Specify intervals, set dates, or specific act, event, or other criteria that triggers PAD.*

AUTHORIZATION (If only 1 signature is required for the Account, then only 1 Payor need sign. If 2 or more signatures are required, then both or all Payors must sign.)

I/We acknowledge that this agreement is provided for the benefit of the "Payee" and "Processing Institution" and is provided in consideration of the Processing Institution agreeing to process debits ("PADs") against the Account with the Processing Institution in accordance with the Rules of the Canadian Payments Association (the "CPA Rules").

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

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

By signing this agreement, the Payor acknowledges having received and having read a copy of this agreement, including the terms and conditions

Date _____

X _____
Payer Signature _____ Date _____

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** _____
Bayer Signature _____ Bayer Signature _____

CANCEL PAYMENT (____ days notice is required before the next PAD will be issued. Cannot exceed 30 days.)
The Payer hereby cancels this Payer's PAD Agreement effective:

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TERMS AND CONDITIONS

1. I/We hereby authorize the Payee, in accordance with the terms of my/our account agreement with the Processing Institution, to debit or cause to be debited the Account for the purposes indicated in the "Payment Type" section on page 1 of this agreement.
2. Particulars of the Account that the 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 agreement.
3. I/We undertake to inform the Payee, in writing, of any change in the Account information provided in this agreement prior to the next due date of the PAD.
4. This agreement 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 Cancel Payment section, Page 1. I/we acknowledge that I/we can obtain a sample cancellation form or further information on my/our right to cancel this agreement from the Processing Institution or by visiting www.cdnpay.ca.

I/we acknowledge that if I/we wish to cancel this agreement 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 agreement.

5. Revocation of this agreement does not terminate any contract for goods or services that exists between me/us and the Payee. This agreement 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 agreement to the Payee constitutes delivery by me/us to the Processing Institution. Any delivery of this agreement to the Payee constitutes delivery by the Payor.
7. If this agreement 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 that 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 CPA Rules.

8. If this agreement 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 the Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of this agreement, including, but not limited to, the amount.
10. I/We acknowledge that the Processing Institution is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by the Payee as a condition to honouring a PAD issued or caused to be issued by the Payee on the Account.
11. I/We acknowledge that, if this agreement is for personal or business PADs or for funds transfer PADs that have recourse through the clearing system, a PAD may be disputed under the following conditions:
 - a) the PAD was not drawn in accordance with this agreement;
 - b) this agreement 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 the Processing Institution holding the Account on or before the 90th calendar day in the case of a personal PAD or a 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 agreement 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 agreement 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 any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on my/our recourse rights I/we can contact my/our financial institution or visit www.cdnpay.ca.
15. I/We acknowledge that I/we understand that I/we am/are participating in a PAD plan established by the Payee and I/we accept participation in the PAD plan upon the terms and conditions set out herein.
16. I/We consent to the collection, use, and disclosure of any personal information that may be contained in this agreement to the financial institution that holds the account of the Payee to be credited with the PAD to the extent that such disclosure of personal information is directly related to and necessary for the proper application of Rule H1 of the Rules of the Canadian Payments Association.