

# 2023 SUMMER CAMP SIGN UP SHEET (JULY):

CHILD'S NAME: \_\_\_\_\_

We have a weekly and daily sign up for Summer Camp. You can sign up for either a full week or for Monday/Wednesday/Friday or Tuesday/Thursday sessions.

Full Days:

Summer Camp hours for a full day are 8am to 5pm daily for \$45 per day  
(Please note the days are shorter than during school days.)

Mornings only:

Summer Camp (morning only) hours are 9am to 12pm daily for \$25 per day

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Please check box of days and weeks you need:

- |   |  |
|---|--|
| <input type="checkbox"/> FULL TIME (Monday to Friday) | <input type="checkbox"/> PART TIME : _____ (other) |
| <input type="checkbox"/> PART TIME (Mon/Wed/Fri)      | <input type="checkbox"/> PART TIME (Tues/Thurs)    |

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> July 3 to July 7 | CLOSED   |
| <input type="checkbox"/> July 10 to July 14          | UPLANDS JUNIOR CHEFS: Working together to create tasty treats and snacks |
| <input type="checkbox"/> July 17 to July 21          | SECRET SPY SCHOOL: Crack the code, marshmallow shooters & invisible ink  |
| <input type="checkbox"/> July 24 to July 28          | LITTLE PICASSO: Explore different and unique ways of creating art        |

Our Summer Camp will be held at Uplands School. Every morning will be theme based with a special activity. In the afternoons we will do water play, slip and slide, messy and fun arts and science activities, parachute play, gym time, sand play, bubbles and more!

**POSTDATED CHECKS FOR JULY 1<sup>st</sup> and AUGUST 1<sup>st</sup> MUST BE RECEIVED BY JUNE 23<sup>rd</sup> TO SECURE YOUR SPOT.**

Received check amount of: July \$ \_\_\_\_\_

I give permission to have a payment of \$ \_\_\_\_\_ taken with direct withdrawal on July 1<sup>th</sup>, 2023

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(Parent's signature)

# 2023 SUMMER CAMP SIGN UP SHEET (AUGUST):

CHILD'S NAME: \_\_\_\_\_

We have a weekly and daily sign up for Summer Camp. You can sign up for either a full week or for Monday/Wednesday/Friday or Tuesday/Thursday sessions.

Full Days:

Summer Camp hours for a full day are 8am to 5pm daily for \$45 per day  
(Please note the days are shorter than during school days.)

Mornings only:

Summer Camp (morning only) hours are 9am to 12pm daily for \$25 per day

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Please check box of days and weeks you need:

- |   |  |
|---|--|
| <input type="checkbox"/> FULL TIME (Monday to Friday) | <input type="checkbox"/> PART TIME : _____ (other) |
| <input type="checkbox"/> PART TIME (Mon/Wed/Fri)      | <input type="checkbox"/> PART TIME (Tues/Thurs)    |

- |   |  |
|---|--|
| <input type="checkbox"/> July 31 to Aug 4           | CARNIVAL WEEK: Welcome to the fun, join us for games, fun and treats     |
| <input checked="" type="checkbox"/> Aug 7 to Aug 11 | CLOSED   |
| <input type="checkbox"/> Aug. 14 to Aug. 18         | SPACE CAMP: Lets walk on the moon, plants, shooting stars and more       |
| <input type="checkbox"/> Aug. 21 to Aug. 25         | WIZARD SCHOOL: Welcome to magic school for all wizards and witches       |
| <input type="checkbox"/> Aug. 28 to Sept 1          | IT'S A PIRATE'S LIFE FOR ME: Pirate names, find buried treasure and more |

Our Summer Camp will be held at Uplands School. Every morning will be theme based with a special activity. In the afternoons we will do water play, slip and slide, messy and fun arts and science activities, parachute play, gym time, sand play, bubbles and more!

**POSTDATED CHECKS FOR JULY 1<sup>st</sup> and AUGUST 1<sup>st</sup> MUST BE RECEIVED BY JUNE 23<sup>rd</sup> TO SECURE YOUR SPOT.**

Received check amount of: Aug \$ \_\_\_\_\_

I give permission to have a payment of \$ \_\_\_\_\_ taken with direct withdrawal on Aug 1<sup>th</sup>, 2023

\_\_\_\_\_  
(Parent's signature)

## KID'S CONNECTION AT UPLANDS

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Dear Parent/Guardian,

Enclosed please find a registration form, agreement and emergency card for Kid's Connection Uplands Before/After School Care and Spring Break/Summer Camp.

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

\*Checks made out to: **Kid's Connection Uplands**

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

\*E-transfer to [info@kidsconnectionuplands.com](mailto:info@kidsconnectionuplands.com) / password: Uplands

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 form of payment at the center before your child starts their program.

Thank you from all the staff at Kid's Connection Uplands

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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:



# KID'S CONNECTION AT UPLANDS

- Offering Before/After School care & Spring Break/Summer Camps at Uplands Elementary School -

CHILD'S NAME: \_\_\_\_\_

PROGRAM HE/SHE IS IN \_\_\_\_\_ on Mon/Wed/Fri or Tues/Thurs or Mon to Fri (please circle)

MY CHILD NEEDS CARE FROM (**day camp**): 8:00am-5:00pm/9am - 12:00pm (please circle)

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): \_\_\_\_\_

(mother): \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

(father): \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

(mother): \_\_\_\_\_ (father): \_\_\_\_\_

WORK PHONE NUMBER: \_\_\_\_\_

(mother): \_\_\_\_\_ (father): \_\_\_\_\_

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 \$ \_\_\_\_\_ for July and \$ \_\_\_\_\_ for August and prepaid for the first of each month by post-dated checks/direct withdrawal form/etransfer or government subsidy forms.

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

\_\_\_\_\_ My child is registered for the SUMMER CAMP 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 Uplands 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 Uplands to apply the sunscreen I have provided for my child in the afternoon if necessary.

\_\_\_\_\_ I give permission for my child to participate in all field trips and activities that may be held on or off site, including the Adventure Playground, all other grass field on Uplands Elementary School Grounds and the computer lab. I allow my child to be transported by city bus or walk to all field trip destinations, a notice will be given prior to any field trips of the location and times.

\_\_\_\_\_ I give permission for my child's photograph to be taken to be displayed at the center, on our website and Facebook page.

\_\_\_\_\_ 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)**

\_\_\_\_\_ The first week 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 services after this adjustment period requires 2 weeks-notice by either party in writing or full payment of fees must be paid in lieu of notice. Post-dated checks would be returned at that time or if full payment was made a refund by check will be given. 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 UPLANDS' WEBSITE ([www.kidsconnectionuplands.com](http://www.kidsconnectionuplands.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 ( <i>street, city, province, postal code</i> )	
Email Address	Phone No.
Payee Name (the "Payee") <input type="checkbox"/> same as Payor Kids Connection Uplands	
Address ( <i>street, city, province, postal code</i> ) 145 Middle Bench Rd S Penticton BC V2A 8S7	
Email Address	Phone No.
kidsconnectionuplands@yahoo.com	250-488-2227

**PAYMENT DETAILS** ☐ Specimen cheque marked "VOID" attached.

Description of PAD (optional)	CPA	Payment Type <i>(Choose one only.)</i>		Payor Financial Institution Name and Address <i>(the "Processing Institution")</i>															
	Transaction Type Code	<input type="checkbox"/>	Personal PAD																
		<input type="checkbox"/>	Business PAD																
		<input type="checkbox"/>	Funds Transfer PAD																
Amount of Payment	Dates																		
<input type="checkbox"/> Fixed	<input type="checkbox"/> Weekly beginning _____			Payor Account <i>(The Payor's account at the Processing Institution; the "Account".)</i>															
\$ _____	<input type="checkbox"/> Bi-weekly beginning _____																		
<input type="checkbox"/> Variable <i>(Maximum Amount):</i>	<input type="checkbox"/> Monthly beginning _____			Institution No.    Branch ID    Account No.															
	<input type="checkbox"/> Other* _____																		
\$ _____	_____			Payee Account <i>(Payee's account for credit — complete if known.)</i>															
	_____																		
	<input type="checkbox"/> Sporadic			Institution No.    Branch ID    Account No.															
				0   8   0   9   1   6   6   1   0   6   1   0   0   0   2   8   3   1   7   2   5															

\*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").

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

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.

X

Payor Signature

Date \_\_\_\_\_

X

Payor 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

Pavor Signature

X

Payor Signature

**CANCEL PAYMENT** ( *days notice is required before the next PAD will be issued. Cannot exceed 30 days.*)

The Pavor hereby cancels this Pavor's PAD Agreement effective:

**x**

Payor Signature

Date \_\_\_\_\_

X

Payor Signature

Date \_\_\_\_\_



## 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](http://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](http://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.