



Stepping Stone

Child Development Center

PRESCHOOL REGISTRATION FORM

Registration fee (non-refundable) - \$30.00

Monday & Wednesday AM

Tuesday & Thursday AM

Optional Friday AM

Anticipated Start Date: - _____

Name of Child: _____

First

Middle

Last

Child's Date of Birth (month/dd/yy): _____

Child's Address: _____

Street Address

City

Postal Code

Mother's Name:	Father's Name
Address:	Address:
City/ PC:	City/ PC:
Email:	Email:
Phone (Home):	Phone (Home):
Phone (Cell):	Phone (Cell):
Place of Work:	Place of Work
Address:	Address:
Phone (work):	Phone (work):

Emergency Contact Name:	Emergency Contact Name:
Address:	Address:
Relationship to Child:	Relationship to Child:
Phone: Home:	Phone: Home:
Cell: Work:	Cell: Work:
Parents with custody of the child, please list any agreements:	

Authorized Pick Up Persons	
My child may be released to parent(s)/ emergency contacts, or the following people ONLY . I will notify the center ahead of time if alternate arrangements have been made. Any person unfamiliar to us will be required to show proof of Identification	
Name:	Relationship to the Child
Name:	Relationship to the child

Child's Medical Information
Does your child have any Allergies / Medical Conditions / Special Needs / Head Start / Diagnosis? _____
Is your child's immunization up to date? Yes _____ No _____ Alberta Health Care #: _____

Child Information

Any concerns/issues regarding your child's health (seizures, asthma, vision, hearing, etc) (please list and describe):

Parent's method of child guidance: _____

Reaction to Stress/ illness: _____

Fears: _____

Eating habits: _____

Favorite Activities: _____

Does your child have any siblings? If so please list names and age: _____

Terms and Conditions: Please read through the following and initial beside if you agree to the terms and conditions:

_____ I hereby certify that I have read, fully understand and agree as stated in the Parents/Guardian Handbook for Policies and Procedures of Stepping Stone Child Development Center.

_____ I hereby give permission that my child, _____, may be given emergency treatment by a staff member at Stepping Stone Child Development Center. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment and agree to pay any expenses incurred in this decision. I agree to hold Stepping Stone Child Development Center and its employees harmless.

_____ In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician and I agree to pay any expenses incurred in this decision. I agree to hold Stepping Stone Child Development Center and its employees harmless.

_____ I hereby request that my child, _____ be permitted to participate in field trips, to the park or any other activities that would involve taking the child outside of the Preschool for his/her benefit in attendance at this facility.

_____ I understand that I cannot store my personal stroller used to transport my child at the Center. Due to limited space storing strollers inside the Center is not an option; strollers are often too large and may block fire exits, harm children and/or get damaged at the Center.

_____ Stepping Stone Child Development Center may choose not to serve an unhealthy item to my child. I will try to ensure any snacks send by me are healthy and nutritious. I agree that the center is NUT FREE facility and will not send any food or product containing or made from nut ingredients to the center. I agree that I will not send any juice boxes.

_____ I understand that Stepping Stone Child Development Center may terminate my child from the facility immediately for the following: written, verbal or physical abuse against staff or children in the Center and/or non-payment of fees.

_____ I allow Stepping Stone Child Development Center to photograph and or videotape my child. I am aware that these may be used for art, bulletin boards, and goodbye books for other children. I allow Stepping Stone Child Development Center to use photographs and videos of my child on the website, Facebook page for the center and for promotional materials. I understand that all confidentiality will remain intact.

_____ I allow staff at the center to apply sunscreen and bug spray to my child.

_____ I will advise the center immediately if any changes happens with current address, telephone numbers, change of employer, emergency contacts, or immunizations.

_____ I grant Stepping Stone Child Development Center to share confidential information to any one or more of the following, social worker, student finance department, Province of Alberta Child Care Subsidy Assessor, Government of Alberta Income Support.

_____ I have read and understand that I will be called in the event that my child is exhibiting symptoms of a communicable disease pertaining to the center's Policy and Procedure. In that situation it will be required of me to pick up my child immediately and find alternate child care during this time. I will provide a doctor's note identifying the disease and confirming that the child is no longer contagious

_____ I agree with the center's policy that if a child is too sick to go outside, participate in daily activities then they are too sick to be at the center.

_____ I agree with the center's policy that Children do not need to be completely potty trained, however you do need to be actively working on it. Children not trained must come in pull-ups.

_____ I will provide all the following required items to aid in my child's daily routines.

- ✓ Indoor and Outdoor Shoes (no flip flops)
- ✓ Weather appropriate wear: Snow jacket, hat, mitts, snow boots, scarf, rain boots, raincoat, e t c .
- ✓ Sun hat, Sunscreen and bug spray
- ✓ Two extra sets of clothing, socks, etc in a zip lock bag. (If teachers send back home dirty/ soiled clothes, kindly replace with fresh set of clothing.)
- ✓ Snacks- NUT FREE AND HEALTHY Put in lunch bag with a freezer pack is needed. **No Juice Boxes**
- ✓ Water Bottle (Please label)
- ✓ Diapers/ Pull Ups and wipes(if required)

Fees Agreement:

Preschool Monthly Fee \$ _____

Preschool Monthly Subsidy \$ _____

Preschool Parent Portion \$ _____

Non-refundable **registration fee** of **\$30.00**: PAID / UNPAID \$ _____

I _____ agree to pay the above fees / parent portion on the 1st of every month.

I _____ agree to have subsidy in place before my child's first day. I must keep my subsidy up to date. Anything less than full subsidy is my responsibility to pay.

I _____ agree that non-payment of fees for time used at Preschool will result in notification to a collections agency to obtain any outstanding fees.

I _____ agree to inform the Center in writing, thirty (30) days before terminating care for my child. I understand that failure to do so will result in paying one month's fee.

I _____ agree failure to give one months notice while being on subsidy will require me to pay full fees not just the parent portion.

Other Charges

Late Payment **\$50.00** per month

NSF cheques **\$30.00** per item

Child Late Pickup Fees of **\$5.00**/child for every increment of 5 minutes or portion thereof.

Person/s signing contract are responsible for payment:

I understand this is a legally binding contract and I have read it and understand it.

Parent (Mother) signature _____ Parent (Father) signature _____

Director's Signature: _____

Registered by: _____

The fees and schedule for the current school year

4 Year Old	Timing	Monday	Tuesday	Wednesday	Thursday	Friday
	9:00-11:30	4 Year Old	4 Year Old	4 Year Old	4 Year Old	4 Year Old
<p><i>*Must be 4 by December 31st of that school year*</i></p> <p>4 year old two day program \$110 - \$75 grant = \$35 parent portion. 4 year old four day program \$185 - \$75 grant = \$110 parent portion. 4 year old three day program \$100 - \$75 grant = \$75 parent portion (Optional Friday).</p>						

3 Year Old	Timing	Monday	Tuesday	Wednesday	Thursday
	9:15-11:15	3 Year Old	3 Year Old	3 Year Old	3 Year Old
<p><i>*Must be 3 by December 31st of that school year*</i></p> <p>3 year old two day program \$110 - \$75 grant = \$35 parent portion.</p>					

	Timing		Friday
2 Year Old	9:15-11:00		2 Year Old
<p><i>*Must be approximately 25 months (Nov 2023 or Jan 2024)*</i></p> <p>2 year old one day program covered by grant.</p>			

Families with an annual income of less than \$180,000 with children enrolled in a licensed preschool program can apply for a subsidy of \$125 per month at <https://applychildcaresubsidy.alberta.ca/>.

Families can only receive one subsidy type. Families who have children enrolled in any other licensed program will receive the subsidy type with the highest subsidy rate.

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

APPLICATION FORM CHILDCARE MONTHLY FEES

Stepping Stone Child Development Center Inc. 109, 8761 84 St, Fort Saskatchewan Alberta, T8L0M3 780-997-0448

The Pre-Authorized Debit (PAD) Agreement allows you to make your Stepping Stone Child Development Center Inc. monthly payments. It helps you to eliminate cheque writing.

Using and duly completing this form is all that is required for Stepping Stone to have your bank or financial institution withdraw the agreed upon monthly childcare fee (s). To take advantage of the Pre-Authorized Debit (PAD) Agreement, simply complete the authorization form below. Please ensure that all people with signing authority on your bank account sign the authorization form. Upon completion of this form either deposit duly signed at Stepping Stone Childcare and/or mail or email the form to shelly@steppingstonedaycare.ca, along with a cheque marked "VOID".

1st day of each month your account will be debited. In the event you may have any questions and/or require assistance, please call us after you have returned the authorization form.

AUTHORIZATION FORM FOR PRE AUTHORIZED PAYMENTS

If two different last names and/or addresses are registered as Parents/Guardian (s), both Parents/Guardians require completion of this authorization form

FIRST NAME:	LAST NAME:	TELEPHONE:
MAILING ADDRESS:		POSTAL CODE:

Please enter name (s) of your child enrolled:

FIRST NAME	LAST NAME	MIDDLE NAME

Void cheque enclosed — name(s) on cheque must match name(s) on your Stepping Stone childcare account.

Bank Account Information

Account Number: _____ Branch Number: _____
(12-digits) (5-digits)

Institution Number: _____
(3-digits)

I/we hereby authorize my Financial Institution: _____
 Branch Location: _____

to debit my/our account indicated above on or after the 1st day of each month for \$ _____ from _____
(Amount) (Date begin)

I/we hereby waive any requirement for pre-notification of changes in the amounts and/or payment dates of Pre-Authorized Debits drawn against my/our Account at my/our Financial Institution in accordance with this authorization. I/we agree to the terms and conditions on the reverse of this authorization.

Date: _____ Signature: _____ Signature: _____

For a joint account, all depositors must sign if more than one signature is required on cheques issued against the account. Please read Terms and Conditions below. Please ensure you enclose a sample cheque marked "Void".

CUSTOMER ACCOUNT PRE AUTHORIZED DEBIT "PAD" AUTHORIZATION

Terms & Conditions

- 1) In this Authorization “we”, “us” and “our” refer to the Payor (s) indicated on the reverse hereof.
- 2) This Authorization is provided for the benefit of Stepping Stone and our Financial Institution and is provided in consideration of our Financial Institution agreeing to process debits against our Account in accordance with the Rules of the Canadian Payments Association. We agree that any direction we may provide to draw a PAD, and any PAD drawn in accordance with this Authorization, shall be binding on us as if signed by us.
- 3) We acknowledge that the amounts to be drawn against our Account for monthly childcare fees will remain same as per Monthly fees schedule.
- 4) We acknowledge that, while Stepping Stone will draw PADs against our Account the 1st day of each month, unless otherwise agreed, We authorize Stepping Stone to draw PADs and our Financial Institution to process such PADs on different dates or days of the month from time to time without any pre-notice to us or any other consent by us. Further, in the event that any PAD is not honored, due to “NSF” or other reasons other than our revocation of this Authorization or non-compliance of the PAD with this Authorization, we authorize Stepping Stone to re-submit the PAD within 30 days of the date of dishonor and our Financial Institution to process such PAD without any pre-notice to us or any other consent by us.
- 5) We certify that all information provided with respect to our Account is accurate and we agree to inform Stepping Stone, in writing, of any change in the Account information provided in this Authorization prior to the next Stepping Stone billing date. In the event of any such change, this Authorization shall continue in respect of any new Account and Financial Institution to the same extent as if they had been shown on the signed form. We guarantee that the signatories to any written notice of change we provide to Stepping Stone will be all such persons as would be required to sign any cheque drawn on or withdrawal made from the new Account.
- 6) We agree that our Financial Institution is not required to verify that any PAD has been drawn in accordance with this Authorization, including the amount, frequency and fulfillment of any purpose to which the PAD relates. We agree that delivery of this Authorization to Stepping Stone constitutes delivery by us to our Financial Institution, and that Stepping Stone may deliver a copy of this Authorization to Stepping Stone’s financial institution for the purpose of processing PADs, and we consent to the disclosure of any information contained in this Authorization to such financial institution.
- 7) We may revoke this Authorization at any time by delivering written notice of revocation to Stepping Stone, which notice may be delivered by mail, in person and/or email. This Authorization applies only to the method of payment, and we agree that revocation of this Authorization does not terminate or vary in any way or any form of duly signed Registration Agreement (s) and or the terms of childcare services thereof, as provided to us by Stepping Stone.
- 8) We may dispute a PAD drawn on our Account where: (i) the PAD was not drawn in accordance with this Authorization, or (ii) this Authorization was revoked in writing previously to Stepping Stone debiting our account. In order to obtain reimbursement by our Financial Institution for a disputed PAD, we must sign the required form of declaration and deliver it to our Financial Institution in accordance with Rule H1 of the Canadian Payments Association. In the case of “personal” PADs as defined in Rule H1, which includes PADs for services accounts, the specified period is 90 calendar days after the date on which the disputed PAD was drawn on our Account, and in the case of “business” PADs as defined in Rule H1, which includes PADs for commercial and industrial accounts, the specified period is 10 business days after the date on which the disputed PAD was drawn on our Account. We acknowledge that if notice is not given in accordance with Rule H1 within these specified periods, any dispute regarding a PAD must be resolved solely with Stepping Stone and that our Financial Institution will have no liability to us with respect to any such PAD.
- 9) We understand and accept the foregoing terms and conditions, and agree to participate in a PAD arrangement in accordance with this Authorization.
- 10) We warrant and guarantee that, if the Account shown on the reverse is a joint account, all persons who would be required to sign jointly in order to draw a cheque on the Account or make a withdrawal from the Account have signed this Authorization.
- 11) We agree to comply with the Rules of the Canadian Payments Association now or hereafter in effect in relation to PAD authorizations and the drawing and processing of PADs, and agree to sign any further documentation that may be required pursuant to such rules.

I/we agree to participate Stepping Stone’s Pre-Authorized Payment Plan and authorize Stepping Stone to collect payment of monthly billings for childcare services provided by Stepping Stone, by means of Pre-Authorized Debits (“PADs”) drawn against my/our account at the financial institution shown on the Authorization form. This Authorization shall apply to any other account and financial institution of which I/we give written notice to Stepping Stone in accordance with this Authorization. I/We hereby waive any requirement for pre-notification of changes in the amounts and/or payment dates of PADs drawn against my/our Account at my/our Financial Institution in accordance with this Authorization.