



REGISTRATION FORM (part 1)  
**CLASS & FEE SCHEDULE 2020 -2021**

**SCARBORO - DOWNTOWN**  
**Full Spanish Immersion Program / Biligual Program (English & Spanish)**

Scarboro United Church - 134 Scarboro Avenue SW

Name of child: \_\_\_\_\_

\* SCARBORO operates with DAYCARE CALENDAR. Which means fewer closures throughout the year, suitable for working families.

**FULL DAY PRESCHOOL & KINDER PROGRAMS - DAYCARE CALENDAR\***

SCHEDULE	TUES & THURS	MON - WED - FRI	MON TO FRI	2 DAYS MATERIALS FEE	3 DAYS MATERIALS FEE	5 DAYS MATERIALS FEE
8:30 to 3:00	\$640	\$960	\$1,295	\$95	\$145	\$185
7:30 to 5:30	\$760	\$1,050	\$1,524	\$95	\$145	\$185

**PROGRAM SELECTION: Please clearly mark your choice**

LANGUAGUE OPTION	Choice
Full Spanish Immersion Program	
Bilingual Program (English & Spanish)	

**REGISTRATION**

Based on Class Tuition and Fee Schedule please submit the following e-transfer / cheque for registration:

Please write cheque to: SSP

Mailing address: 18 Cougarstone Terrace SW T3H 4Z8

PAYMENT AT REGISTRATION (Registration, Deposit & Materials fees)	AMOUNT
** REGISTRATION FEE (dated day of registration) - (one per family)	\$ 75.00
** DEPOSIT FEE- September 2020 monthly fee (dated day of registration)	\$
MATERIALS ANNUAL FEE (dated day of registration)	\$
E-transfer or ONE CHEQUE- (dated day of registration) TOTAL AMOUNT (Registration + Deposit + Materials)	\$
PRE-AUTHORIZED DEBIT Agreement for payment of monthly tuition. (Please fill out and sign PAD form)	\$
PAD Agreement term 9 PAYMENTS: _____	October 1 2020 to August 1 2021

Payment via PAD is preferable. There will be an additional fee of \$7 added to each monthly tuition payment via e-transfer or cheque.  
 Payment by PAD is not subject to this fee. Returned or late fees will be subject to an additional \$35 fee added to the monthly tuition.

\*\* NON REFUNDABLE FEE

**REGISTRATION AND WITHDRAWAL POLICY**

- 1) **REGISTRATION FEE.** This is a non-refundable fee.
- 2) **MATERIALS FEE:** This is a refundable fee in case that the child is withdrawn from the program prior to the beginning of the school year.
- 3) **DEPOSIT FEE:** Full Day Program: This is the total amount of the first monthly fee of the school year.  
 Full Day Program: Only 50 % of this fee will be refundable for children not starting the program - written notice required prior to August 1 before start of the school year.  
 Full Day Program: This fee is not refundable after July 30 th prior to the start of the school year.
- 4) In the case of withdrawal of a child or reduction of number of classes/week, 2 months written notice is required for PAD agreement change or termination.
- 5) Notice must be received on or before the 1st of the month. No rebate in fees will be given for temporary absences. (\$30 Admon fee for schedule reduction)

With this registration I agree to give SSP two month's notice of withdrawal / absence /change of class or I will forfeit two month's payment.

Signature of Parent/Guardian \_\_\_\_\_

\_\_\_\_\_ Date



REGISTRATION FORM (part 2)  
2020 -2021

Name of child: \_\_\_\_\_

**REGISTRATION**  
In order to complete your registration:

1) Please submit this FORMS to *Seedlings Early Learning* :

- 1) REGISTRATION FORM (Part 1 & 2).
- 2) Media Release Agreement.
- 3) Medication Consent Form (If Applicable)
- 4) Pre-Authorized Debit (PAD) Agreement Form.

If submitting forms by email please also send it by mail or bring a paper copy to *Seedlings Early Learning*.

2) ONE Registration payment including:

* REGISTRATION FEE (dated day of registration) - (one per family)	\$	75.00
* DEPOSIT FEE- <i>Half Day Program</i> : June 2020 monthly fee (last month of the school year) Full Day Program: September monthly fee (first month of the school year)		Please Refer to Registration Part 1
MATERIALS ANNUAL FEE (dated day of registration)		Please Refer to Registration Part 1

METHODS OF REGISTRATION PAYMENT:

1) E-transfer to: [seedlingsspanish@gmail.com](mailto:seedlingsspanish@gmail.com)

Please choose one of the following **Questions & Answers** for the transaction:  
Language Taught: Spanish  
Name of Preschool: Seedlings  
Initials of Preschool: SSP

2) Send a cheque dated DATE OF REGISTRATION written to SSP

Please write cheque to: SSP

Mailing address: 18 Cougarstone Terrace SW T3H 4Z8

**MEDICAL INFORMATION**

If your child requires medication to be taken during class time please contact **Judith Sanchez** at **403-210-0604** and leave a written note with the teacher giving exact instructions on how to give the medication to your child.

**MEDICAL RELEASE**

In the event of any accident or sudden illness, I \_\_\_\_\_, hereby give permission for emergency medical treatment for my child,  
I understand that *Seedlings Early Learning* staff will call me or my emergency contact person prior to leaving for the emergency.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**CONSENT FOR COMMUNITY WALK & OUTDOOR MOVEMENT ACTIVITY**

*Seedlings Early Learning* staff organize community walks and outdoor activities. (art /snack / movement / science / story time). If a parent does not want the child to participate in those activities on a specific day it is the careiver's responsibility to communicate it in writing to the teachers with a signed note at drop off time in the communication's book.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**PARENT HANDBOOK AGREEMENT**

I have been given the *Seedlings Early Learning Handbook* and agree with the policies contained within

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



# Media Release Form - Seedlings Early Learning

Child's name (student): \_\_\_\_\_

Parent / Guardian's name: \_\_\_\_\_

Your consent is voluntary and it can be revoked via written notice at any time. If you have any question, please contact Seedlings at 403.210.0604.

Please sign the form at the bottom of the last page.

## **EDUCATIONAL AND TRAINING PURPOSES - In class pictures and videos**

A fundamental component of the Reggio approach to education is documentation. Pictures and videos taken during class or special events are valuable educational tools. This documentation will be available to parents and visitors at the preschool at formal or informal open houses.

Pictures and videos may also serve as wonderful tools for internal program evaluation and training purposes.

I (parent/guardian) of (student), authorize Seedlings to include my child (student) in videos and pictures that will be used internally by the preschool in order to evaluate the quality of the service provided and for training purposes within Seedlings staff as well as for documentation for educational purposes and open houses.

Yes  No

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## **COMMUNICATION WITH FAMILIES**

### **Communication with families: Email - Text**

On certain occasions, and particularly during the initial few weeks of adaptation at school, parents would like to receive communication from teachers regarding how they kids are doing at preschool. A quick and effective way to communicate in those instances is through a picture or short video clip sent by email or text.

I (parent/guardian), authorize Seedlings to send me pictures or short video clips of my child to my email account or my personal cell phone.

Yes  No

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### **Facebook - Semi-private option.**

Only parents from each of the Seedlings classrooms will be able to access their own (shared) semi-private Facebook album.

The purpose of this album is to effectively share with families the activities, projects and work that the kids are participating in, please note that when you authorize your child to be included you will find in the album your child's pictures and videos with comments and songs. It is also very likely that you find there your child's image with his/her work and name and finally there could be videos of your child in preschool activities where teachers call him/her by name.

By authorizing Seedlings to include my child in the Semi-private Facebook album I understand that the album could include all of the following: My child's image, name, comments, work and video clips of my child participating in all preschool activities.

I (parent/guardian), authorize Seedlings to include my child (student) in the Semi-private Facebook album.

Please mark:

Yes  No

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### **Promotional Purposes – Seedlings Web Page (including newsletters)**

Seedlings may post some pictures and videos taken during class-time in order to demonstrate to potential clientele the activities undertaken by children enrolled in Seedlings, as well as to inform current parents of these activities and accomplishments via the newsletters posted on Seedlings Webpage.

I (parent/guardian), authorize Seedlings to include my child (student) on Seedlings web page.

Please mark:

Yes  No

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### **Promotional Purposes – Facebook – Public album and Instagram:**

Facebook & Instagram: Seedlings may post some pictures and videos taken during class-time in order to demonstrate to potential clientele the accomplishments and activities



undertaken by children enrolled in Seedlings.  
Your child's name WILL NOT accompany your child's personal image.

I (parent/guardian), authorize Seedlings to include my child (student) on Seedlings Public Facebook album, and Public Instagram.

Please mark:

Yes  No

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### **Promotional purposes – In class Project video**

Video: Seedlings may do a video of one of the class projects where the Reggio approach to education fundamentals will be explained. It will include images and videos of the children in class activities and their work. Your child's name WILL NOT accompany your child's personal image. This video may be posted on Youtube, Facebook or the Seedlings web-page for public viewing.

I (parent/guardian), authorize Seedlings to include my child (student) in Seedlings' project videos.

Please mark:

Yes  No

Parent/Guardian Signature:

Date:

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## MEDICATION CONSENT FORM

### TO BE COMPLETED BY PARENT

I give my permission for \_\_\_\_\_ (Facility) to give or apply the medication \_\_\_\_\_, to my child \_\_\_\_\_, as follows:  
 (Specify, prescribed medication over the counter products) (Child's Name)

#### Directions:

1. Child's Name	2. D.O.B.
3. Date to Begin the Medication	4. Date to Stop Medication
5. Times Medication is to be Given	6. Dosage
7. Storage of Medication	
8. Allergy Symptoms	
9. Other Directions/Instructions, If Any	
Parent's Name	
Signature of Parent	Date (DD/MM/YYYY):

#### TO BE COMPLETED BY THE TEACHER:

Medication Name	Date	Time	Dosage	Teacher's Initials

Parent's Name \_\_\_\_\_ Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_



**Pre-Authorized Debit (PAD) Plan agreement**

1. Payment Information

- Monthly Debit Amount: \$ \_\_\_\_\_
- Transaction Date: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: child's Termination Date OR To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy mm dd yyyy

3. Pre-Authorized Debit (PAD) Details

I/we authorize SSP LTD and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our SSP account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 1<sup>st</sup> day of each month.

SSP will obtain my/our authorization for any other one-time or sporadic debits and will provide me with 10 calendar days written notice of the amount prior to any debits.

This authority is to remain in effect until SSP has received written notification from me/us of its change or termination. This notification must be received at least sixty (60) calendar days before the next debit is scheduled at the address provided below. I/We may revoke this authorization at any time, subject to providing two months written notice. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

I/We agree that should my payment not clear for any reason; the PAD will re-try within 5 days and a \$25 NSF fee will be charged for this service.

In the case that I/WE request a change in service I/WE agree that SSP automatically update the PAD amount upon receiving authorization in writing or email. 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 PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca). I/we understand and accept the terms of participating. In this PAD plan.

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Signature of Account Holder

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Signature of Joint Account Holder (If applicable)

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Name (Please Print)

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Name (Please Print)

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Date

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Date

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Phone Number

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Phone Number

Type of Service: Personal \_\_\_\_\_ Business \_\_\_\_\_

Please submit completed form to:  
Seedlings Spanish Preschool LTD  
18 Cougarstone Terrace SW, Calgary, AB, T3H4Z8  
Tel: 403-210-0604 [seedlingsspanish@gmail.com](mailto:seedlingsspanish@gmail.com)