



REGISTRATION FORM (Part 1)
2021 - 2022

STRATHCONA SW

Strathcona Community Center - 277 Strathcona Dr SW

Name of child: _____

REGISTRATION

In order to complete your registration:

1) Please submit these forms to Seedlings Early Learning:

1) **Registration Form** (Parts 1 & 2)

2) **Media Release Agreement** (not required if you already signed one, or if no changes are required from the current one)

3) **Medication Consent Form** (If Applicable)

4) **Pre-Authorized Debit (PAD)** Agreement for monthly tuition payments authorization

The above forms can be submitted via email to seedlingsregistry@gmail.com or by mail to **18 Cougarstone Terrace SW T3H 4Z8**

Note: Pre-Authorized Debit (PAD) Agreement Form should be sent by mail to **18 Cougarstone Terrace SW T3H 4Z8**

2) Registration payment including:

REGISTRATION FEE (one fee per family even when there is more than one child) \$ **85.00**

DEPOSIT FEE - Equivalent to last month's tuition fee. Please refer to the fee schedule to choose the corresponding amount. \$

MATERIALS ANNUAL FEE \$

TOTAL AMOUNT (Registration + Deposit + Annual Fee Materials) \$

Please submit payment via e-transfer to : seedlingsspanish@gmail.com

Please use the following Question & Answer for the transaction: Question: Name of Program / Answer: Seedlings

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 destination. I will be responsible for any and all related expenses such as ambulance, taxi, etc.

Signature of Parent/Guardian

Date

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 caregiver's responsibility to communicate it in writing to the teachers with a signed note at drop off time in the communication's book.

PARENT HANDBOOK AGREEMENT

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

Signature of Parent/Guardian

Date



REGISTRATION FORM (part 2) CLASS & FEE SCHEDULE 2021-2022

STRATHCONA SW

Strathcona Community Center - 277 Strathcona Dr SW

Name of child: _____

SPANISH PRESCHOOL & KINDERGARDEN PROGRAM

Please check **PROGRAM**:

☐ Kindergarten

☐ Preschool

PREFERRED **SCHEDULE**

***Please tell us which days & hours:

☐ MON ☐ TUES

☐ WED ☐ TH

☐ FRI

Preferred HOURS: _____

HALF DAY PRESCHOOL & KINDER PROGRAMS

Monthly Fees. Please circle your choice:

SCHEDULE	TUES & THURS	MON - WED - FRI	MON TO FRI	2 & 3 DAYS MATERIALS FEE (Annual)	5 DAYS MATERIALS FEE (Annual)
8:45 to 12:00	\$328	\$448	\$590	\$49	\$82
12:20 to 2:45	\$281	\$377	\$480	\$49	\$82
8:00 -12:00	\$382	\$530	\$715	\$49	\$82
12:20 - 5:00*	\$423	\$562	\$698	\$49	\$82

FULL DAY PRESCHOOL & KINDER PROGRAMS

Monthly Fees. Please circle your choice:

SCHEDULE	TUES & THURS	MON - WED - FRI	MON TO FRI	2 DAYS MATERIALS FEE (Annual)	3 DAYS MATERIALS FEE (Annual)	5 DAYS MATERIALS FEE (Annual)
8:45 to 2:45	\$576	\$809	\$1,066	\$82	\$114	\$147
8:00 - 2:45	\$630	\$891	\$1,192	\$82	\$114	\$147
8:45 - 5:00	\$718	\$994	\$1,285	\$82	\$114	\$147
8:00 - 5:00	\$773	\$1,076	\$1,410	\$82	\$114	\$147
7:30 - 5:00	-	-	\$1,497	-	-	\$147

* Note: FRIDAY school ends at 4:00pm

Monthly Tuition Payments

PRE-AUTHORIZED DEBIT Agreement for payment of monthly tuition. (Please fill out and sign PAD form)

\$ _____

PAD Agreement term 9 PAYMENTS:

September 2021 to May 2022

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.

REGISTRATION AND WITHDRAWAL POLICY

- 1) Registration fee is non-refundable
- 2) Materials Annual Fee: This fee will be refunded only if the child is withdrawn from the program prior to the beginning of the school year.
- 3) Deposit Fee: This is the total amount of the last monthly fee of the school year.
The Deposit fee will only be refundable for students attending the preschool for at least 2 months and with a 2 months in advance written notice.
- 4) In the case of withdrawal of a child, reduction of number of days &/or hours per 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 Admin 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 _____



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 1st 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.

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. I/we understand and accept the terms of participating. In this PAD plan.

Signature of Account Holder

Signature of Joint Account Holder (If applicable)

Name (Please Print)

Name (Please Print)

Date

Date

Phone Number

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