



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- 2) **MATERIALS FEE:** This is a refundable fee in case that the child is withdrawn from the program prior to the beginning of the school year.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) 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

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

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 caregiver'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 _____



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