



## Registration Form – 2022-2023 School Year

**Preschool Site: Scarborough – 134 Scarborough Ave SW**

**Name of Child:** \_\_\_\_\_

**Name of Parent:** \_\_\_\_\_

To complete your registration please follow the following steps:

1. Program Selection. Please print, fill out and submit page 1 to **seedlingsregistry@gmail.com**
2. Submit payment for the Registration Fee, Materials and Deposit fees. Please refer to pages 2 & 3 for Fee Schedule and payment instructions.
3. Provide acknowledgements. Please print, fill out and submit page 4 to **seedlingsregistry@gmail.com**
4. Submit a signed Pre-Authorized Debit (PAD) Form (page 5) along with a VOID cheque

### Program Selection

Please mark with an X your selection

**Program:**    \_\_\_ Kindergarten    \_\_\_ Preschool

**Language:**    \_\_\_ Spanish    \_\_\_ Bilingual    \_\_\_ English

**Days:**    \_\_\_ Monday    \_\_\_ Tuesday    \_\_\_ Wednesday    \_\_\_ Thursday    \_\_\_ Friday

**Schedule:**    \_\_\_ 8:30 to 3:00    \_\_\_ 7:30 to 5:30



## Fee Schedule

### **Note on Affordability Grant**

- Effective January 2022, the Government introduced a new affordability grant for licensed programs to lower fees for parents accessing childcare services.
- This affordability grant will reduce the regular pre-subsidy fees paid by the families per child per month
- The tables below reflect the regular monthly cost (pre-subsidy). After each table, you will see how much your fee will be decreased, depending on the age of the child or the program you select (hours your children attend the program).
- The amount to be paid by the family is the total monthly fee minus the affordability grant and subsidy. Families do not need to apply for the affordability grant, however, they are responsible for applying for subsidy (if applicable).

**Table 1 – Part Time Scarborough Preschool & Kindergarten Programs**

Schedule	Tues & Thurs	Mon, Wed & Fri	Mon to Fri	Annual Materials Fee – 2 Days	Annual Materials Fee – 3 Days	Annual Materials Fee – 5 Days
8:30 to 3:00	\$679	\$1,019		\$101	\$153	
7:30 to 5:30	\$806			\$101	\$153	

**Affordability Grant:** Part Time program fees will be reduced by \$255 for children under 3 and \$225 for children between 3 and kindergarten age.

**Table 2 – Full Time Scarborough Preschool & Kindergarten Programs**

Schedule	Tues & Thurs	Mon, Wed & Fri	Mon to Fri	Annual Materials Fee – 2 Days	Annual Materials Fee – 3 Days	Annual Materials Fee – 5 Days
8:30 to 3:00			\$1,375*			\$197
7:30 to 5:30		\$1,114	\$1,617*		\$153	\$197

### **Affordability Grant:**

- Full Time program fees will be reduced by \$510 for children under 3 and \$450 for children between 3 and under kindergarten age.
- Kindergarten students enrolled full time during “regular school hours” are eligible for an affordability grant of \$450. (Options marked with an \* in the class and fee schedule)
- Kindergarten students in classes not marked with an \* are eligible for affordability grant of \$225



## Payment for the Registration Fee, Materials and Deposit fees

Fees to be paid at the registration date:

- One-time Registration Fee of **\$95** (one per family in case of more than one child)
- Materials Annual Fee\*
- Deposit equivalent to last month's full tuition fee (pre-subsidy and pre-Affordability Grant)\*

\*Please refer to the fee schedule page to choose the corresponding amount.

### Total Amount to be Paid:

Registration: \$95 + Deposit: \_\_\_\_\_ + Materials: \_\_\_\_\_ = Total \$ \_\_\_\_\_.

Please submit payment via e-transfer to [seedlingsspanish@gmail.com](mailto:seedlingsspanish@gmail.com) for the total amount as per above.

### Registration and Withdrawal Policy

1. The 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-month advanced written notice.
4. In the case of withdrawal of a child, reduction of number of days &/or hours per week, 2 months written withdrawal 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 Administration fee for schedule reduction)



## Acknowledgements

Please print, fill out and submit to [seedlingsregistry@gmail.com](mailto:seedlingsregistry@gmail.com)

### Seedlings Early Learning Handbook

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### 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 all related expenses such as ambulance, taxi, etc.

Signature: \_\_\_\_\_

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.



## Pre-Authorized Debit (PAD) Form

Please print, fill out payment information, sign and submit to [seedlingsregistry@gmail.com](mailto:seedlingsregistry@gmail.com)

Monthly Debit Amount: \$ \_\_\_\_\_

Start Date (dd/mm/yyyy): \_\_\_/\_\_\_/\_\_\_

End Date (dd/mm/yyyy): \_\_\_/\_\_\_/\_\_\_ (or child's program termination if earlier)

### Void Cheque

New Parents: Please provide a VOID Cheque

Current Parents: Do you agree to use same VOID Cheque on file? YES: \_\_\_\_\_

### 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 first **5 days of each month.** \_\_\_\_\_

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

This authority is to remain in effect until **SSP LTD** 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. 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 **\$50 NSF fee** will be charged for this service.

In the case that I / We request a change in service I / We agree that **SSP LTD** 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.

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Signature of AccountHolder

\_\_\_\_\_  
Name (PleasePrint)

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

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