



# Registration Daycare

## **Registration Fee and Termination**

Each family, upon confirmation and acceptance into the centre will be required to pay a registration fee equal to **half of the first month's childcare fees**.

Upon termination from the program, each family must give one month's notice in writing, of your intentions to withdraw your child. Although you may withdraw your child from the facility at any time, terminations officially take place on the 1<sup>st</sup> day of the month.

Provided that your account with the centre is in good standing and we have received your one month's written notice, the registration fee will be credited to you last month childcare fees.

We appreciate your consideration in this matter.

## General Information Sheet

*\*\*\*It is very important for your child's safety that we can reach you in an emergency. If you are frequently out of the office, please provide an alternate number where you can be reached\*\*\**

### Child Information

Surname	Given Name	Middle Name	
Birth Date	Phone Number (    )		Gender
Street Address	City, Province		Postal Code
Siblings Names			Age
Child's First Language		Child's Second Language	
Enrolment Start Date	Fulltime (5 full days/week)	Part-time (List days)	
School Attending	Grade		

### Parent/Guardian

Name <div style="text-align: right;">Mother ____ Father ____ Guardian ____</div>	Home Phone Number (    )	
Address	Cell Phone Number (    )	
Occupation/Place of Work or School	Hours of Work	Work Phone Number Extension (    )
Email Address		
Authorized to pick up child	YES	NO

Name <div style="text-align: right;">Mother ____ Father ____ Guardian ____</div>	Home Phone Number (    )	
Address	Cell Phone Number (    )	
Occupation/Place of Work or School	Hours of Work	Work Phone Number Extension (    )
Email Address		
Authorized to pick up child	YES	NO

## Alternative Emergency Contacts

Please list **two** other people we may contact in case of an emergency, if we cannot reach you.

**Emergency contacts will be authorized to pick up your child in the event of an emergency.**

Please make sure the address is included. **This is a licensing requirement.**

Name		Relationship	Home Phone Number (   )
Address	Authorized to pick up anytime <input type="checkbox"/> Yes <input type="checkbox"/> No		Cell Phone Number (   )
Place of Work or School			Work Phone Number Extension (   )

Name		Relationship	Home Phone Number (   )
Address	Authorized to pick up anytime <input type="checkbox"/> Yes <input type="checkbox"/> No		Cell Phone Number (   )
Place of Work or School			Work Phone Number Extension (   )

## Additional People authorized to pick up your child anytime

Only Persons identified in writing by the parent on the registration form may pick up a child in the care of Glenora Child Care Society. Staff will request photo identification from any person unfamiliar to them.

Name	Relationship	Phone Number (   )
Name	Relationship	Phone Number (   )
Name	Relationship	Phone Number (   )
Name	Relationship	Phone Number (   )
Name	Relationship	Phone Number (   )
Name	Relationship	Phone Number (   )

**NOTE:** Staff require verbal or written permission for alternate pick up arrangements outside of this list. We will not release your child without it. Your alternate pick up will be required to produce photo identification prior to the release of your child.

## Custody Agreement Details (if any) that you wish us to be aware of:

Please attach a copy of the agreement as we cannot enforce anything without it.

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## Medical Information

ABHC Number	Child's Doctor
Doctor's Phone Number	Doctor's Address

## Immunization Information (Please Check)

12 Months	18 Months	2 Years	5 Years

## Medical History

Does your child have any known allergies (asthma, hay fever, insect bites, medications, foods)?					
Is your child on any on-going medication? If so, what?					
Does your child require any special medical treatment?					
Has your child had any operations, serious illness or hospitalization?					
Has your child had any medical or emotional conditions requiring/receiving treatment?					
Does your child have any physical or cognitive delays?					
Does your child have any vision issues?					
Does your child have any speech or language delays?					
Does your child require a special diet?					
How does your child react to an elevated temperature? (Lethargic, seizures etc.)					
What communicable diseases has your child had (Please check)?					
Measles	Mumps	Rubella	Chicken Pox	Whooping Cough	Other

### Special Instructions if Child Becomes Ill

*In case of an emergency requiring emergency care, we use the Stollery Children's Hospital. However, under special circumstances related to medical history, it may be advisable to take your child to your preferred hospital.*

**Preferred Hospital:**

### Developmental History

Type of Birth:	Term_____	Premature _____	
Complications:			
Age your child began walking:		Does your child fall easily?	

### Social Relationships

Has your child been in care before? If so, how was that experience?			
Does your child know any other children in the centre?			
Does your child have experience playing with other children?			
By nature, is your child...?			
Friendly?	Aggressive?	Shy?	Withdrawn?
How does your child get along with his/her sibling(s)?			
How does your child get along with adults?			

Do you feel your child will adjust easily to the centre?
How does your child show his/her feelings?
What the best way of communicating with your child?
What makes your child angry or upset?
What calming techniques do you use at home when your child becomes upset?
Is your child frightened by anything?
What are your child's favourite toys and activities at home?
What is your child's favourite music?

Does your child enjoy playing outside?
What is your child's nap schedule? (Include tips for helping your child sleep)
What self-help skills has your child acquired? ( <i>i.e. puts shoes on, brushes own teeth</i> )
Describe your child's eating habits and schedule ( <i>i.e. eats more at snacks than at meal times...</i> ). Does your child require help eating?

### **Family Information**

What is your favourite family meal?
What types of activities do you do together on the weekends?
What is your favourite family holiday?
What is your family's ethnic, cultural and religious background?



What languages are spoken in your household?
What holidays and traditions are celebrated in your household? How do you celebrate them?
Would you be willing to come and share your family's ways of celebrating holidays with your child's group?
<i>Please use the following space to write any further comments or information that might be relevant or helpful for your child:</i>

### **General Policies**

Please review your copy of the Operations Manual for other general operational policies.
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## Policy for Part Time Care

The policy for part time care is as follows:

Parents are required to contract for specific days of the week (i.e. Mon, Wed., Fri.).

**A minimum of two days per week is required.**

The costs for the month will be calculated as follows:

*# Of contracted days per month X the daily cost of care*

(Please refer to the fee appendix in the Glenora Child Care Society Operations Manual)

Please be advised that the cost of care is for the contracted days of each month. There is no allowance for absences due to illness or holidays *however* part time families will not be charged for days that the centre is closed.

If additional days in the month are required, it is the parent's responsibility to make these arrangements with the Executive Director or Acting Director in advance. Each additional day of care will be added to the monthly part time fees.

I have read and understand the policy for part time care.

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**Parent Signature**

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**Date**

## **MEMORANDUM OF AGREEMENT**

### **BETWEEN GLENORA CHILDCARE SOCIETY AND**

\_\_\_\_\_.

In consideration of Glenora Child Care Society ("the Society") accepting into its program, and in consideration of the monthly fee paid by \_\_\_\_\_ ("the Parent"), the Society and the Parents agree as follows:

- 1) A) The society shall receive and care for \_\_\_\_\_ at its premise located at 10530-138 Street in St. Vincent's School, or, if school aged, the out of school care located at 10405 -142 Street in Faith Community Church for the sum of the child care fees as stated in Appendix A, per month, per child;  
  
B) The monthly fee shall be paid by the Parent(s) on or before the 1<sup>st</sup> day of each and every month;  
  
C) The monthly fee may be changed from time to time upon the Society giving thirty (30) day's notice to the Parent(s);  
  
D) If fees are not received by the 5<sup>th</sup> of the month, a reminder will be issued and a daily late fee incurred. If fees are not received by the last day of the month, child care services will be cancelled in accordance with the GCCS late fee policy.
- 2) A) The Society's premises shall be open to receive children at or after 7:00 am and shall close promptly at 5:45pm;  
  
B) Parents shall make all reasonable efforts to pick up their child (ren) not later than 5:45pm, and in any event shall ensure that their child is picked up no later than 5:50pm;  
  
C) In the event that Parents are persistently late in picking up their child (ren), the Society shall give a warning in written form;  
  
D) Should the Parents after such written warning continue to pick up their child (ren) after 5:50pm, this agreement may be cancelled without notice.
- 3) A) The Society may engage in medical assistance for any child left in its care when it, in its sole discretion, deems it necessary;  
  
B) The expense, if any, of such medical assistance shall be paid by the Parents;

- C) Except as set out in (A), the Society shall not administer or dispense any medicine or medically prescribed treatment to any child left in its care, unless a Parent signs a Medication Authorization Form available from the Executive Director of the Society;
- D) Parents shall not deliver children who are ill to the Society's premises, and shall immediately upon being requested to do so by the Director, pick up or make arrangements to have ill children picked up.
- 4) A) The Society agrees to use all due care and diligence in caring for all children;
- B) The Parents agree that the Society shall not be responsible for loss or damage to children's property brought to the Society's premises, nor for disease, sickness, accident or harm which may occur to any child left in the Society's care, except where the loss, damage, injury or other harm results from gross negligence of the Society or its agents or employees;
- C) In particular, in the case of Out of School Care children, the Parents acknowledge that the Society is responsible for the transportation or delivery of such children to the Society's premises from school, only upon the child's arrival at the predetermined meeting space, however, if such child is expected and does not arrive at the Society's predetermined meeting space or premises the GCCS Transportation policy will be enforced;
- 5) A) All children brought to premises of the Society shall be fully and properly clothed upon arrival.
- 6) A) The parents acknowledge and agree that from time to time the child(ren) may be taken off the Society's premises on field trips organized by the Society and that private or public transportation may be utilized for such field trips;
- B) The Society shall not be required to obtain the permission of Parents in advance to take their child (ren) on outings in the community (as defined by the GCCS community map.)
- 7) A) The Parents agree that they have reviewed, are in agreement with and signed the discipline policy attached to this agreement;
- B) If a child is persistently and unduly disruptive to the program of the Society, to the extent that other children, staff and families are being adversely affected, the Society may cancel this agreement without notice.
- 8) A) A child in the care of the Society may only be called for by persons identified in writing by the Parents in the registration form;
- B) The Society may request persons who are calling for children to produce identification in order to determine that they are persons authorized to call for such child;

C) The Parents may from time to time amend the list of persons authorized to pick up their child (ren);

D) in the case of Out of School Care children, unless otherwise authorized in writing by the Parents, such child (ren) shall be picked up by an authorized person.

9) A) Membership in Glenora Child Care Society is automatic upon registration of your child within the facility.

B) The Parents acknowledge that they have reviewed the Operations Manual attached to this agreement, and agree that they will follow the guidelines and directions therein contained.

C) Except as otherwise provided in this agreement, this agreement may be cancelled by either the Society or the Parents for any reason upon either the Society or the Parents giving thirty (30) days written notice, provided however that the Society shall exercise its power to cancel this agreement reasonable and not arbitrarily.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2\_\_\_\_\_

PARENT OR GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_

Appendix A- Child Care Fees

**FEES SCHEDULE- Effective February 1 2019**

Daycare:

➤ **12 TO 19 MONTHS**

- FULL TIME: \$1213.00
- PART TIME: \$79.00

➤ **19 MONTHS TO KINDERGARTEN**

- FULL TIME: \$1163.00
- PART TIME: \$76.00

Out of school care:

➤ **KINDERGARTEN**

- FULL TIME: \$1050.00
- PART TIME: \$66.00

➤ **OUT OF SCHOOL CARE**

- FULL TIME: \$595.00
- PART TIME: \$41.00

**GLENORA CHILD CARE SOCIETY  
DISCIPLINE POLICY**

The staff at Glenora Child Care Society view themselves as facilitators to child's learning. We believe that as adults, we have the necessary tools to be productive members of society therefore we can lend those tools to children until they can learn and use them effectively and independently. Our approach to children's learning is **guidance before discipline and discipline rather than punishment**.

We use many appropriate strategies such as **positive verbal guidance, reinforcement of appropriate behaviour, ignoring inappropriate behaviour, offering choices, facilitating problem solving with children, natural and logical consequences, reminders, re-direction and compromise as our problem solving techniques**. It is our goal to develop a sense of empathy within each child and to focus on the positive aspects of their behaviors rather than the negative. Any disciplinary action must be reasonable in the circumstances.

We will always approach children at their level and acknowledge their feelings about the particular situation. As children become more independent our **problem solving techniques** become "conversations" and include your child's understanding of what the natural consequence should be. Older children will participate in class meetings to discuss safety rules. A child who is endangering himself or herself, another child or the environment will be re-directed within the room to another play area. It is our role to provide a safe environment for every child.

**Employees are not permitted to use the following forms of discipline with children:**

- a) Physically hitting a child or hurting a child in any way including pushing, pulling, pinching, or squeezing.
- b) Harsh belittling or degrading verbal or non-verbal actions that could humiliate a child or undermine his/herself respect.
- c) Denial of usual comforts, including affection, clothing, bedding, food or shelter.
- d) Confinement in a lockable room or structure, isolation or physical restraint of any kind of a child will lead to disciplinary action, including dismissal.

\*\*\* Glenora Child Care Society reserves the right to remove a child from our care without notice if we at any time feel children, families or staff members have reason to fear for their physical or emotional safety. Our goal is to provide an emotionally and physically safe and trusting environment for all children, families and staff members\*\*\*

I have read & understand the GCCS discipline policy.

Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

## Appendix C: General field trip permission

### **GLENORA CHILD CARE SOCIETY** **General Field Trip Permission Form**

I give permission for my child to accompany this program (GCCS) on supervised community fieldtrips and that they will be transported by walking. I understand that I will be notified of any additional trips outside of the community (as defined by the GCCS neighbourhood map) or that require transport via City or Yellow Bus. I understand that it is my responsibility to see that my child reaches the program by the stated time of departure. If my child misses the bus or if I choose to have him/her skip a particular trip, it will be my responsibility to arrange alternate care for those hours.

Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

***This form is required by Licensing and will be kept in your child's file.***



### **Neighbourhood Map** **Legend:**

-  Glenora Childcare Society
-  Teddy Bear Park/Circle
-  Glenora Park (Community League)
-  Glenora Elementary School
-  Faith Community Church (OSC)
-  Grovenor Park



**Photograph and Media Release  
Glenora Child Care Society**

Glenora Child Care Society (GCCS) will document your child's/children's play and interests in a variety of ways. While this process is very helpful in planning valuable experiences based on children's interests we also want to ensure that we respect the privacy of children and families.

Please read and sign the following release and indicate whether or not you provide GCCS with your permission to use your child's image etc. for various forms of media.

**I give my permission for GCCS to photograph, audio record and video record my child (ren)**  
\_\_\_\_\_ **and use said media in the following ways:**

<b>Display at GCCS</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Slide shows shown to the membership</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Newsletters</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Emails to other families in your child's class</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>On the GCCS CLOSED Facebook page</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>On the centre website</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Online parent communication tool</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>

On occasion GCCS is requested to be a part of media coverage for local stories on quality child care. This can often happen quickly providing little time to obtain consent for filming. Please read and sign the following release and indicate whether or not you provide GCCS with your permission include your child's image in positive local media coverage by media outlets such as but not limited to; CTV, Global news and CBC.

**I give permission for my child to participate in the filming local media outlets for positive coverage on child care issues**  
**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

GCCS supports students from various educational institutions such as Grant MacEwan, University of Alberta and CDI College. Often students are required to complete observations of children in the daycare setting. Students will provide families with information about these observations along with consent forms provided by the separate educational institutions however we want to ensure that families are aware of this and that we have your permission for your child to be observed. Copies of all documentation can be provided at your request.

**I give permission for my child to be observed for educational purposes by students approved by GCCS administration.**  
**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**This form will remain on file for the duration of your child care agreement with Glenora Child Care Society. You may choose to update this information at any time.**

## **GLENORA CHILD CARE SOCIETY VOLUNTEER BANK POLICY**

*Approved by the GCCS Board of Directors – February 2014*

### **INTRODUCTION**

#### **Policy Objectives**

The two main objectives of the volunteer bank are to:

1. Emphasize the need for and value of volunteerism within the Glenora Child Care Society (GCCS); and,
2. Collect funds that could be used to offset or completely cover the costs associated with services or events otherwise completed by volunteers.

### **KEY ELEMENTS**

#### **Volunteer Hours Requirement**

In each calendar year each family attending GCCS, irrespective of how many children they have at GCCS, is required to complete the amount of volunteer hours set out below:

- **Daycare families- 6 hours**
- **Out of school care families- 3 hours**

Families who join GCCS during the year are subject to the same roles and responsibilities as all other members; however, the amount of volunteer hours to be completed will be pro-rated based on how many months remain in the calendar year at the time of enrollment.

If a family has children in both programs, the daycare volunteer hour requirement applies.

#### **Deposit Requirement**

Each family attending GCCS, irrespective of how many children they have at GCCS, will be required to provide a deposit in the amount set out below:

- **Daycare families \$300.00**
- **Out of school care families \$150.00**

If a family has children in both programs, the daycare deposit requirement applies.

Families who join the Glenora Child Care Society during the year are subject to the same roles and responsibilities as all other members. However, the amount of the deposit required will be pro-rated based on how many months remain in the calendar year.

The deposit is equivalent to the volunteer hours required calculated at a rate of \$50.00 per hour.

The deposit will be returned to families if they complete the required hours of volunteer work during the current calendar year.

### **Method of Payment of Deposit**

The deposit can be made by authorization for bank withdrawal or a postdated cheque payable to GCCS. The postdated cheque or authorization for bank withdrawal must be delivered to the Executive Director or other office staff prior to the deadline set out in this policy.

### **Timing of Payment of Deposit**

Each family will be required to provide an authorization for bank withdrawal or postdated cheque dated December 31st of the current year and no later than January 30<sup>th</sup>.

Families who join GCCS after January 1<sup>st</sup> have thirty (30) days to provide their authorization for bank withdrawal or postdated cheque.

The amount of the authorization for bank withdrawal or postdated cheque must be equivalent to the deposit amount set out in this policy.

Families unable to provide the required deposit must make alternate arrangements with the Executive Director prior to the deadline set out in this policy.

### **Non-Payment of Deposit**

The Executive Director and/or office staff will follow up with families who have not submitted their deposit by the deadline set out in this policy.

If no payment is received by the deadline, families will receive one (1) written reminder with a new due date. If no payment is received or no alternate arrangements are made by the date stated in the written reminder, families may receive a thirty (30) day notice of termination from GCCS.

### **Volunteer Opportunities Available**

Various opportunities for volunteering exist throughout the year and include:

- Spring and Fall Clean Up (approx. 12 people required)
- Fundraising events including Casino (approx. 35-45 people required)
- Board of Directors (approx. 10-12 people required)
- Other miscellaneous activities such as IT assistance, handyman jobs, adhoc request for help (approx. 20 people)

In addition to formal requests for volunteers listed above, families are encouraged to identify or request credit for volunteering activities that interest them and suit their time and skills (e.g. supporting field trips, organizing fundraising efforts and approved repairs or maintenance). Such requests must be approved by the Executive Director of GCCS.

### **Completion of Volunteer Hours**

Each family will receive a \$50 credit for every one (1) hour of volunteer time they complete. Volunteer activities from January 1<sup>st</sup> to December 31<sup>st</sup> will be included and used to calculate volunteer hours completed.

Volunteer time can be completed during one block of time or across multiple occasions

No cash credits are granted for volunteer time in excess of the required volunteer hours. Time spent in excess of the volunteer hour requirement cannot be carried over to the next year

At the end of each calendar year, families who have completed their required volunteer hours will have their authorization for bank withdrawal or postdated cheque returned to them.

### **Volunteer Hours completed at GCCS Casino**

Casinos are a very important and substantial source of funds for GCCS. A successful Casino requires numerous volunteers for various shifts, usually eight (8) hours in length, over a one (1) or two (2) day period.

In recognition of the vital role that Casinos have for GCCS's financial stability, families who volunteer for a Casino shift will be given credit for the equivalent of two (2) years' worth of required volunteer hours.

### **Non Completion of Volunteer Hours**

If a family has not completed any volunteer hours, the full deposit amount is payable and the authorization for bank withdrawal or postdated cheque will be utilized.

If a family has completed a portion of their volunteer hour's requirement, but less than the total, a pro-rated payment for the outstanding hours will be required.

Families that leave GCCS prior to December 31<sup>st</sup> and who have not completed the pro-rated amount of volunteer hours required will be responsible for payment of any outstanding volunteer hours.

If payment is required due to non-completion of volunteer hours GCCS will provide the family with a donation tax receipt in the amount paid under this policy

### **Administration**

The GCCS Executive Director and Program Director will be responsible for the maintenance of a volunteer bank log. The volunteer bank log will include a listing of all GCCS families and the date, activity, and amount of time spent volunteering.

The Executive Director and Director will also be responsible for determining the amount and method, if any, of payment to be made at the end of the year for non-completion of volunteer hours.

### **Reporting and Evaluation**

This policy will be reviewed and revised as needed by the Executive Director and/or Board of Directors of GCCS.

**Participation agreement**

I, \_\_\_\_\_ parent of \_\_\_\_\_, have read and reviewed the Glenora Child Care Society Volunteer Bank Policy, and agree to volunteer \_\_\_\_\_ hours as per the GCCS Volunteer Bank Policy. If I do not complete the required hours, a maximum of \$\_\_\_\_\_ will be withdrawn from my account as per the PAD agreement already on file.

**OR**

I, \_\_\_\_\_ parent of \_\_\_\_\_, have read and reviewed the Glenora Child Care Society Volunteer Bank Policy, and agree to volunteer \_\_\_\_\_ hours as per the GCCS Volunteer Bank Policy. If I do not complete the required hours, GCCS will cash the cheque provided for \$\_\_\_\_\_.

Cheque is attached \_\_\_\_\_.

**OR**

I, \_\_\_\_\_ parent of \_\_\_\_\_, have read and reviewed the Glenora Child Care Society Volunteer Bank Policy, and **will not** be completing any volunteer hours. Please cash my cheque or withdraw funds from my account as per the GCCS Volunteer Bank Policy and provide me with a donation tax receipt.

**Acknowledgement of Agreement**

Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**Pre-authorized Debit (PAD) Agreement-Terms and Conditions:**

I/we acknowledge that this Authorization is provided for the benefit of Glenora Child Care Society and TD Canada Trust and is provided in consideration of TD Canada Trust agreeing to process debits against my/our account in accordance with the Rules of the Canadian Payments Association.

I/we authorize Glenora Child Care Society and the financial institution designated 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 child care and related fees. Regular monthly payments for the full amount of services delivered will be debited from my/our account on **the 1<sup>st</sup> day of each month**. Glenora Child Care Society will provide a minimum of 10 days' notice of any changes to the regular debit amount. Glenora Child Care Society will obtain my/our authorization for any other one-time or sporadic debits.

I/we undertake to inform Glenora Child Care Society, in writing, of any change in the account information provided in this authorization prior to the next due date of the PAD.

This authority is to remain in effect until Glenora Child Care Society has received written notification from me/us of its change or termination. This notification must be received at least 30 days before the next debit is scheduled. 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). Revocation of this authorization does not terminate any contract for goods or services that exists between the Payer and Glenora Child Care Society.

I/we acknowledge that TD Canada Trust is not required to verify that a PAD has been issued in accordance with the particulars of the Payer's Authorization including, but not limited to the amount.

I/we acknowledge that TD Canada Trust is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by Glenora Child Care Society as a condition to honouring a PAD issued or caused to be issued by Glenora Child Care Society on my/our account.

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 and 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).

**Definitions:**

**Business PAD:** means a PAD drawn on the account of a payer such as, but not limited to, a corporation, an organization, a trade, an association, a government entity, a profession, a venture or an enterprise, for the payment of goods and services related to commercial activities of the Payer.

**Personal/Household PAD:** means a PASD drawn on the account of a Payer for payments such as, but not limited to, charitable donations, RESP and Spousal RRSP contributions, mortgage instalments, utility bills, insurance premiums, membership fees, property taxes, credit card billings and payments for other consumer goods and services. **Pre-authorized Debit (PAD) Agreement**

## Customer Information

Personal/Household PAD ☐ Business PAD ☐

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

I, \_\_\_\_\_ authorize Glenora Child Care Society to electronically debit the

Amount of \$\_\_\_\_\_ from the account identified below for child care fees on the 1<sup>st</sup> day of each month.

Or in the case of part-time fees,

I, \_\_\_\_\_ authorize Glenora Child Care Society to electronically debit the

Amount of \$\_\_\_\_\_ X the number of enrolled days in each month \_\_\_\_\_ from the account identified below for child care fees on the 1<sup>st</sup> of each month.

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

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

## Bank Account Information Please attach a blank cheque marked "VOID"

Account Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Branch Transit Number:

--	--	--	--	--

Institution Number:

--	--	--	--

Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_



Need Labels? Why not order Mabel's Labels!

When you place an order at [mabelslabels.com](http://mabelslabels.com),

Select **Glenora Child Care Society** from the drop-down menu in “support a fundraiser”, a portion of the proceeds are directed back to the Society!

Mabel's Labels has a variety of labels for clothing, shoes, sippy cups, bag tags and the list goes on and on. Be sure to check out the website!

