



## Registration Package

<b>Child's full name:</b>	<b>Name child responds to:</b>

<b>Personal Information</b>		
<b>Birth Date:</b> M/D/YYYY_____	<b>Gender:</b> Male    Female	<b>Start Date:</b> M/D/YYYY_____
<b>Address:</b>		

<b>Parent/Guardian Information</b>	
Parent/Guardian Full Name	Parent/Guardian Full Name
<b>Address:</b>	<b>Address:</b>
<b>Cell Phone:</b> (    )	<b>Cell Phone:</b> (    )
<b>Work Phone:</b> (    )	<b>Work Phone:</b> (    )
<b>Hours of day at this location:</b>	<b>Hours of day at this location:</b>
<b>Email:</b>	<b>Email:</b>



**SECRET PASSWORD:** This is a word that you choose in the event that emergency or confidential information needs to be relayed over the phone. You may be asked for the password from time to time if a teacher feels your identity needs to be confirmed. This may also be used in the event that you require someone else to pick up your child in the event of an emergency and they are not listed on the above list. Please ensure that the enrolling parents/guardians are the ones who have access to this password.

Password: \_\_\_\_\_

**Person(s) NOT Authorized to Pick Up Your Child**

Full Name	Relationship to Child	Phone: (    )
Full Name	Relationship to Child	Phone: (    )
Full Name	Relationship to Child	Phone: (    )

**Custody Agreement in place?**                      YES                      or                      NO

If yes, please supply a copy of the custody order with this package.

**Child's Immunization Status**

Is your child Immunized?                      YES                      or                      NO

If YES, please include an updated copy of their immunization records with this package.  
If NO, please sign our non-immunization release form available in the New Generations office

## **Health Information**

Regular medication(s) and reason(s) for:

Please list any allergies or intolerances your child has, the severity or the allergy, the reaction and treatment:

A) Please list and injuries, illnesses or operations your child has had and include dates:

B) Please describe any additional concerns/issues regarding your child's health (medical conditions, seizures, asthma, vision, hearing, etc.):

C) Please describe any additional concerns you may have regarding your child's development (behavior, vision, speech, hearing, language, mobility, etc.):

Please describe any specific care instruction regarding the above A, B, or C.

Other Health Care Professionals involved in your child's life, e.g. Occupational Therapist, Physical Therapist, Speech and Language Therapist, Pediatrician, Inclusion Langley, etc.

### **Group Experiences**

What are your child's favourite activities or toys?

Has your child had previous group experiences?    YES    or    NO  
If YES, how did he/she adapt?

How does your child behave around other children? (Shy, seeks out others, etc.)

### **Emotional**

How does your child react when left with unfamiliar people and/or unfamiliar situations?

Does your child have any particular fears? Please describe:

What suggestions do you have that would help staff make your child's transition into this program easier?

### **Family and General Household Information**

Please list the names of people who live in your household, including pets.

Primary Languages spoken in the home:

Other Languages:

Are there any religious or ethnic observances related to food (please provide details):

### **Sunscreen Permission**

I authorize teachers at New Generations Early Learning Centre to apply sunscreen to my child when necessary.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Photo Permission

### ON SITE

I give permission for teachers at New Generations Early Learning Centre to take pictures of my child while they are registered. I acknowledge that these pictures will only be used for parent enjoyment and within the facility.

**YES NO**

Parent/Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_

### PRIVATE SHARE

I give the staff at New Generations Early Learning Centre to take photos of my child and share them in a Google Photo app that has an invitation link only shared with the families currently registered in the program. I acknowledge that these photos are for my personal enjoyment as a peek into my child's day and I will not share any of these photos on any social media platform that have children in the photo that are not my own. Please read through Google's privacy policy.

[https://edu.google.com/intl/en\\_ca/why-google/privacy-security/](https://edu.google.com/intl/en_ca/why-google/privacy-security/)

**YES NO**

Parent/Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_

### PUBLIC

I give New Generations Early Learning Centre permission to use my child's photo for advertising purposes on social media, websites and in print. I am also aware that my child's name will not be attached to any photos of them.

**YES NO**

Parent/Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_

## Walking Permission

I authorize teachers at New Generations Early Learning Centre to take my child on walks in the neighbourhood and on the grounds of Langley Christian Elementary School. I acknowledge that any other activities that would occur outside of the childcare will require my additional written consent.

Parent/Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_

This space provided below is for any additional information or history about your child or family that you think teachers should know about or if your child is an infant please provide their daily schedule as well as how to tell if they are tired, need changing, are hungry, etc. Please indicate any information that will make your child's transition into our facility easier on them.



## Parent Agreement

By signing this document I agree to and understand the following terms and all policies outlined in the Parent Handbook I received including.

- Health and Illness Policy
- Guidance and Behavioural Management Policy
- Child Release Policy
- Late Pick Up Policy
- Nutrition Policy

Parent/Guardian Name

Print\_\_\_\_\_

Signature\_\_\_\_\_

Date\_\_\_\_\_

### Enrolment/Fee Contract

I, \_\_\_\_\_(parents or legal guardians first and last names) agree to be financially responsible for my child's \_\_\_\_\_(name) space effective \_\_\_\_\_(starting date M/D/YYYY). I agree to pay and understand that I am financially responsible for the monthly fee of \_\_\_\_\_ for a \_\_\_Fulltime or \_\_\_Partime space for the following days\_\_\_\_\_and times\_\_\_\_\_ per week.

I have provided a one time, non refundable administration fee of \$50.

I have provided a \$450 deposit which will be applied as a credit to the last month fees or any outstanding balances at the time of withdrawal for your child, providing one months written notice of withdrawal. *My application will be **valid once the deposit and administration fee is paid** via e transfer to [bbowen@langleychristian.com](mailto:bbowen@langleychristian.com) password **daycare**.*

I am aware that there will be *no reduction or reimbursement of fees for the days my child does not attend due to illness, vacation, stat holidays, Easter Monday, the annual Christmas closure and unanticipated closures of the facility due to acts of God, power outages or snowfall etc.*

I agree to provide New Generations Early Learning Centre with *one months written notice on or by the first of the month, upon the withdrawal of my child.* I understand that *if I do not provide one months notice that I am responsible to pay the full months fees* in lieu of notice. Failure to pay any outstanding balance will result in collection action. My deposit will be applied as a credit to the last months fees payable on any outstanding balances. I understand that fees are collected by submitting a pre-authorized debit form/permission. I understand that *monthly fees are due by the first of every month* and that there is a \$3.00 per day late fee charged, as well as a fee of \$40 for any NSF.

Parent/Guardian full name \_\_\_\_\_

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

Date \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Manager/Director Name \_\_\_\_\_

Manager/Director Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*NOTE: This information may be reviewed by Fraser Health Authority Licensing staff as per legislation.**

<b>New Generations Early Learning Centre Use Only</b>	
Staff person reviewing child's documents:	
Date _____	Signature _____
Child's withdrawal date:	Reason:

## **LIST OF REQUIRED SUPPLIES:**

This list is intended to make your job easier in ensuring that your child has all the necessary items and supplies for their first day of attendance. Attendance CANNOT begin without the following items. Please check off the items and ensure they are all **clearly labeled**.

- Copy of your child's Birth Certificate
- Copy of any custody agreements or orders
- Completed Registration Package (please ensure all areas are completed and signed so as not to delay the start of their attendance)
- Administration fee of \$50.00 per child
- Security deposit of \$450.00 per child
- Approved Affordable Child Care Benefit
- Signed Parent Contract
- Direct Withdrawal Form completed
- Earthquake Kit (list included under emergency procedures section of the Parent Handbook)
- Completed and signed Emergency Contact Form
- Diapers or pull-ups for children in our infant and toddler program.
- 2-3 full changes of clothes that are appropriate for the current weather conditions (shirt, pants, socks, undergarments. We also suggest sending a sweater should your child feel cold at any time during the day.)
- Slippers
- Blanket from home.
- Daily lunch and snacks in a lunch kit
- Any outdoor weather gear needed
- 2 current photos of your child, these will be updated each year

## Emergency Card

### ***New Generations Early Learning Centre***

Child's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Care Card Number:** \_\_\_\_\_

Address: \_\_\_\_\_ Gender of Child: Male Female  
\_\_\_\_\_

**Parents Name:** \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

**Parents Name:** \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

Phone #: \_\_\_\_\_

**Child's Doctor:** \_\_\_\_\_

Phone #: \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

### **Parental Consent**

It is the policy of this center to notify a parent when a child is ill or needs medical attention. In the event we cannot contact you and we need to get immediate help for your child, we require a signed consent to do so.

1. I give consent for my child to be taken to the nearest emergency medical center when I cannot be contacted.
2. I give consent for my child to receive medical treatment.

Signature or Parent/Guardian \_\_\_\_\_

Witness \_\_\_\_\_

Date Signed \_\_\_\_\_

## Authorization form for pre-authorized payments/debit

<b>Payor Information</b> (please print clearly)			
Account Holder's Full name:	Child(ren)'s full name(s):		
Mailing Address:			
City:	Province:	Postal code:	Phone:

<b>Bank Account Information</b>
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*Please attach a void check that matches the account holders name as indicated above or complete the information below:*

Financial Institution Number:	Transit Number:	Account Number:
Financial Institution Name:	Branch Address:	

<b>Pre-Authorized Debit Details</b>
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You the payor, authorize New Generations Early Learning Centre Ltd. To debit the bank account identified above for \$\_\_\_\_\_ on the 1st of every month.

These services are for business.

You, the payor, may revoke your authorization at any time in writing with 30 days' notice via email to [bbowen@langleychristian.com](mailto:bbowen@langleychristian.com)

Signature of account holder:

Signature of joint account holder (if applicable):

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursements for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

Once this form is complete either scan and email to [bbowen@langleychristian.com](mailto:bbowen@langleychristian.com) or return to the facility in a sealed envelope.

**PAYOR'S PAD AGREEMENT**  
**Personal Pre-Authorized Debit Plan**

**Terms & Conditions**

1. In this Agreement, "I", "me" and "my" refers to each Account Holder who signs below.  
2. I agree to New Generations Early Learning Centre and any successor or assign of New Generations Early Learning Centre (the "Supplier") debiting my account indicated on the preceding page (the "Account") for personal/household or consumer purposes and I authorize the Payee indicated on the preceding page and any successor or assign of the Payee to draw a debit in paper, electronic or other form, including any top-ups or adjustments, for the purpose of making payment for consumer goods or services (a "Personal PAD"), on my Account at the financial institution indicated on the preceding page (the "Financial Institution") and I authorize the Financial Institution to honour and pay such debits. This Agreement and my authorization are provided for the benefit of the Payee and my Financial Institution and are provided in consideration of my Financial Institution agreeing to process debits against my Account in accordance with the Rules of the Canadian Payments Association. I agree that any direction I may provide to draw a Personal PAD, and any Personal PAD drawn in accordance with this Agreement, shall be binding on me as if signed by me, and, in the case of paper debits, as if they were cheques signed by me.

3. **If the amount that I am required to pay under my agreement with the Payee changes, this authorization will continue to apply.** I may revoke authorization at any time, subject to providing notice to the Supplier: this authority is to remain in effect until the Supplier has received written notification from me of its change or termination. This notification must be received at least 30 days before the next debit is scheduled. I may obtain a sample PAD cancellation form or more information on my right to cancel a PAD Agreement by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

This authorization applies only to the method of payment and I agree that cancellation of this authorization does not terminate or otherwise have any effect on any contract that exists between me and the Supplier.

4. I agree that my Financial Institution is not required to verify that any Personal PAD has been drawn in accordance with this Agreement, including the amount, frequency and fulfillment of any purpose of any Personal PAD.

5. I agree that delivery of this Agreement to the Payee constitutes delivery by me to my Financial Institution. I agree that the Payee may deliver this Agreement to the Payee's financial institution and agree to the disclosure of any personal information which may be contained in this Agreement to such financial institution.

6. (a) I understand that with respect to:

(i) fixed amount Personal PADs occurring at set intervals, I shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days before the due date of the first Personal PAD, and such notice shall be received every time there is a change in the amount or payment date(s);

(ii) variable amount Personal PADs occurring at set intervals, I shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days before the due date of every Personal PAD; and (iii) fixed amount and variable amount Personal PADs occurring at set intervals, where the Personal PAD Plan provides for a change in the amount of such fixed and variable amount PADs as a result of my direct action (such as, but not limited to, a telephone instruction) requesting the Payee to change the amount of a PAD, no pre-notification of such changes is required. - **OR** -

(b) I agree to waive the pre-notification requirements in section 6(a) of this Agreement.

**Signature of Payor** \_\_\_\_\_

7. I agree that with respect to Personal PADs, where the payment frequency is sporadic, a password or secret code or other signature equivalent will be issued and shall constitute valid authorization for the Payee or its agent to debit my account. 8. I certify that all information provided with respect to the Account is accurate and I agree to inform the Payee, in writing, of any change in the Account information provided in this Agreement at least ten (10) business days prior to the next due date of a Personal PAD. In the event of any such change, this Agreement shall continue in respect of any new account to be used for Personal PADs. 9. I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Agreement below. In addition I warrant and guarantee, where applicable, that I have the authority to electronically agree to commit to this Agreement by secure electronic signature and that my secure electronic signature conforms with the requirements of Rule H1. 10. I acknowledge receipt of a copy of this Authorization.

11. I have certain recourse rights if any debit does not comply with this PAD Agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement.

To obtain more information on your recourse rights, visit [www.cdnpay.ca](http://www.cdnpay.ca).

**Account Holder name (please print):** \_\_\_\_\_

**Account Holder Signature** \_\_\_\_\_