



OUR LADY OF GOOD COUNSEL PRESCHOOL

2023 – 2024

REGISTRATION CHECK LIST

Please check (v) the boxes below and ensure the following items are included when you return your registration package.

- Registration/Supplies Fee: \$50.00 per student (***non-refundable***)
 - o This applies only to those families who have not yet paid their registration/supplies fee
 - o Cheque (made payable to **OLGC Preschool**) or Cash will be accepted
 - Preschool Registration Form
 - Please complete and Sign the PAD Form Attached (Pre-Authorized Debit)**
 - o Preschool Fees (September 1, 2023 – June 1, 2024) (***Pre-Authorized debit***)
VOID cheque required or Pre-Authorized Debit for Payment form with banking information
(Fees will be withdrawn 1st day of each month or the next business day)
- | | |
|-----------------------------------|---------------------------|
| <i>Mondays/Wednesdays/Fridays</i> | <i>\$220.00/per month</i> |
| <i>Tuesdays/Thursdays</i> | <i>\$175.00/per month</i> |
- o **Fun Family Phonics Workbook Fee:** \$17.00 per student (***non refundable***)
(PAD) Pre-Authorized Debit - September 1, 2023
 - Parent Agreement Form (***Green copy to be signed and returned***)

Other Information Required:

- Emergency Card
- Personal Immunization Records
- BC Services Care Card
- Anaphylaxis Student Emergency Response Plan

Government Subsidy (*for low income families only*)

If you plan to apply for government subsidy, please pick-up forms from Mrs. Martins. Families are to complete the form and submit to Mrs. Martins to ensure forms are completed correctly with dates, fees, etc.

Forms are to be submitted to the government **immediately**. This will ensure the facility receives ample notice to advise the school bookkeeper of new payment fees.

Registration packages WILL NOT BE ACCEPTED without ALL the above required items. Please sign below and return with your complete registration.

Family Name (***Please Print***)

Parent Signature

Date

Child(ren)'s Name(s) (***Please Print***)



OLGC CHILDCARE FACILITY

PRESCHOOL REGISTRATION

2023/2024

DO NOT COMPLETE. Office Purposes only:

Start Date: _____

Mon/Wed/Fri (am) _____

Mon/Wed/Fri (pm) _____

Tues/Thurs (am) _____

Tues/Thurs (pm) _____

Fun Family Phonics Workbook _____

Personal Immunization Record _____

Birth Certificate/BC Medical Card: _____

Registration/Supplies Fee: _____

Monthly Fees: _____

Please Print Clearly:

Child's Legal Full Name: _____
(Last name) (First Name)

Home Address: _____ Postal Code _____

Gender: Female _____ Male _____ Child's Date of Birth: (month/day/year) _____

Person(s) who the child lives with: _____

Mother's Name: _____ **Email:** _____

Home Number: _____ Work Number: _____ Cell Number: _____

Home Address (if different from child's): _____

Father's Name: _____ **Email:** _____

Home Number: _____ Work Number: _____ Cell Number: _____

Home Address (if different from child's): _____

Custody Agreement? No _____ Yes _____ (If yes, please provide details below)

Emergency Contacts (Other than Parents/Guardians):

Name	Relationship to Child	Contact Number



OUR LADY OF GOOD COUNSEL PRESCHOOL

10504 – 139th Street, Surrey, BC V3T 4L5
Phone: (604) 581-3225 Email: olgcpreschool@shaw.ca
www.olgcpreschool.ca

Pre-Authorized Debit (PAD) Plan Agreement

I/We authorize Our Lady of Good Counsel Preschool (OLGC Preschool) and the financial institution designated to begin deductions as per my/our instructions for monthly regular recurring tuition payments and/or one-time payments from time to time for other related preschool fees as stated above.

Authorization is to remain in effect until Our Lady of Good Counsel Preschool has received written notification from me/us of its change or termination. Notification must be received 14 days before the next debit is scheduled. I/We may obtain a sample of cancellation form or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.payments.ca.

I/We have certain recourse rights if any debit does not comply with this PAD 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

Bank Account Information:

Please attach a VOID Cheque or Financial Institution Form, ensuring it includes the following:

- Financial Institution Number, Branch Transit Number, Account Number
- Name of Financial Institution and Branch Address

Pre-Authorized Debit (PAD) Payments:

The Payor will be debited for the following fees on the appropriate dates stated below:

Fun Family Phonics Workbook Fee (non-refundable): \$17.00/per student (September 1, 2023)

Monthly Preschool Fees: \$_____ commencing from September 2023 to June 2024
(Fees are withdrawn 1st day of each month or the next business day)

Payor Information (please print clearly)

Payor Name: _____
(Last) (First) (Middle)

Address: _____

City/Province: _____ Postal Code: _____

Contact Number: _____ Email: _____

Name of Student(s): _____



OUR LADY OF GOOD COUNSEL PRESCHOOL

10504 – 139th Street, Surrey, BC V3T 4L5

Phone: (604) 581-3225 Email: olgcpreschool@shaw.ca

www.olgcpreschool.ca

By Signing Below:

- I/We acknowledge my/our financial obligation to the preschool and will ensure that payments will be forwarded as per the current school years fees assigned to me.
- I/We understand the monthly preschool fee payments will be debited every 1st of the month or next business day.
- If I/we put a stop payment on our pre-authorized debit without notifying the finance office, a \$30.00 administrative fee will be charged.
- I/We understand and accept, if the school receives an NSF by the bank due to insufficient funds, an additional charge of \$30.00 will be levied to me.
- I/We understand and accept the terms of participating in this pre-authorized debit plan.

Signature of Account Holder: _____ Date: _____

Name (Please Print): _____

Signature of Joint Account Holder: _____ Date: _____

Name (Please Print): _____

Please Note: Official Receipts for tax purposes will only be issued to the Payor Name

FOR OFFICE PURPOSES ONLY:

Monthly Preschool Fees \$ _____

3 days

2 days



OLGC CHILDCARE FACILITY

Preschool Parent Agreement 2023/2024

PHILOSOPHY

I understand the philosophy of OLGC Childcare Facility and accept the importance of songs, crafts, education, exploration and prayers used in our program.

FEES

I agree to pay a \$50.00 (non-refundable) Registration/Supplies fee.

I understand, if I withdraw my child, for any reason, or staff deems the child is not ready for preschool, the registration fee is not refundable.

I have completed the Pre-Authorized Debit (PAD) Plan Agreement form and provided a "voided" cheque or Financial Institution form. I understand fees will be electronically withdrawn on the 1st day of each month (September – June) or the next business day.

I acknowledge no refunds will be issued for days my child is absent or on vacation. Also no refunds will be issued for snow days, Christmas holidays, Spring Break or other unforeseen closures.

I agree to pay \$30.00 NSF service fee if an NSF cheque or EFT is returned to the facility by the bank.

If it becomes necessary to withdraw my child from the facility for any reason, I agree to give one month's (30 days) written notice to the Facility Manager or pay one month's fee in lieu of notice.

(initial)

IMMUNIZATION RECORDS:

I agree to give the facility a photocopy of my child's immunization records.

EMERGENCY POLICY

In the event that a child requires immediate medical attention, due to illness or injury, and we are unable to reach the parents, an ambulance will be called by our staff.

I authorize the staff at the facility to call an ambulance in the event of an injury or illness of my child if we, the parents, cannot be immediately reached.

I understand that if an ambulance is called for my child, I will be responsible for paying any ambulance costs associated with transportation to the hospital.

I hereby give consent for my child, to receive medical attention. I hereby give my consent to the staff at OLGC Childcare Facility to administer First Aid procedures whenever deemed necessary.



OLGC CHILDCARE FACILITY

Preschool Parent Agreement
2023/2024

Parent Copy

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ARRIVAL AND DEPARTURE POLICY

I will not send my child to the centre if he/she exhibits any questionable illness and agree to immediately notify the Facility Manager of any communicable disease my child contracts.

I am aware of the preschool's start and end times (8:45am – 11:15am or 12:00pm – 2:30pm) and will promptly pick up my child at end of class.

I understand there will be a late charge of \$1.00 per minute, if my child is not picked up on time.

I am aware of, and agree to, the Facility's policy that staff will not allow my child to leave with anyone other than a parent or authorized individuals listed on the registration form. I will contact the Facility, immediately, if an alternate person, not on the authorized list, is to pick up my child.

SUBSIDY

If applying for Government Subsidy, I agree to have all documents completed and signed by mid June and submitted to the Ministry by June 30th in order for the facility to have paperwork in place for September.

I understand and agree, if the Facility does not receive approval of my subsidy from the Ministry, Preschool fees will be withdrawn, as scheduled, on the 1st of the month.

GENERAL

I will ensure my child is fully potty-trained.

KINDERGARTEN ENTRY

I understand that being registered at OLGC Childcare Facility (Preschool) does not guarantee automatic enrollment of my child into Our Lady of Good Counsel Elementary School.

Mother's Name: _____ Date: _____
(Print Name) (Signature)

Father's Name: _____ Date: _____
(Print Name) (Signature)

Child's Full Name: _____
(Print Name)

Please list all persons who have permission to pick up your child (excluding parent's names) and include relationship to your child. **Any persons not named below will not be allowed to take the child from the facility, unless we have been informed by the parent of other arrangements.**

Name	Relationship to Child	Contact Number

HEALTH INFORMATION

Family Doctor's Name: _____ Phone Number: _____

Child's BC Care Card Personal Health Number: _____

Are your child's immunization currently up to date: _____

Does your child have any known allergies : _____ (If so, please provide list) _____

Please provide any instructions in the event of an allergic reaction including treatment: _____

Is there any other known, health conditions, development challenges, or concerns (eg. seizures, asthma, vision, speech, hearing, behaviour, learning disabilities, etc.) Yes No (If yes, please describe)

Please provide additional information to assist us get to know your child better:

What are your child's favourite activities? _____

Is your child fully toilet trained? _____

Does your child have any fears or separation anxiety? _____

Are there any special food restrictions? If so, please describe: _____

Does your child have any siblings? If yes, please list names: _____

What are your child's religious or cultural beliefs: _____

Is there any other information we should know about your child? _____

Are you applying for Government Subsidy: Yes No

Office Use Only:

Date Received: _____

Government Subsidy Form Given to Family: Yes No

Registration/Supplies Fee: (\$50.00/student)

Chq# _____

Cash Receipt # _____

Date Withdrawn: _____

Reason for Withdrawal: _____

CONSENT FORM

- 1) It is the policy of this facility to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.
- 2) Please sign the consent below so that we can take appropriate action on behalf of your child. Return the signed consent to the facility immediately. We will take this consent with us to the emergency centre.
- 3) I hereby give consent for my child _____ when ill to be taken to the nearest emergency centre by the Care Facility Staff when I cannot be contacted.
- 4) I hereby give consent for my child _____ to receive medical treatment.

DATE

SIGNATURE OF PARENT/GUARDIAN

WITNESS