



REGISTRATION PACKAGE

Welcome to Happy Days Playschool

It is a pleasure to welcome you to Happy Days Playschool. On behalf of the Teacher and the member families, we are glad you have joined our school. We look forward to getting to know you and your family.

The information included in this package will provide you with the necessary basics to ensure your child is properly registered with Happy Days Playschool. There are a number of forms that require completion and you can expect to spend approximately 30 minutes to fully complete the information. **In order to reserve a space for your child, it is important that this information is completed in full and the required fees paid.**

If you need any assistance please contact the Enrollment Coordinator by calling Happy Days Playschool at 604-936-0722.

The following checklist lists everything that is necessary to process your application. Please be sure to include all the following documents and payments when returning your registration package:

Payment of the following:

- Registration Fee: \$30.00
- First Month's Fees: \$125.00 for Crickets
\$125.00 for Ladybugs
\$160.00 for Dragonflies
\$160.00 for Bumblebees (3 day class)
\$265.00 for Bumblebees (5 day class)

★ (Registration fee is payable at the time of enrollment, first month's fee (September's) should be postdated for August 1st)

Registration Form

- Childs Info
- Parents Info
- Authorized Pick up
- Care Card Number
- Doctor/Dentist Info
- Medical/Allergy info
- Parent/Guardian Signature

Parent Agreement (one copy for the school, keep one copy for your records)

Waiver Release Form

Emergency Cards (please complete BOTH copies on the sheet)

- Child Info
- Parents Info
- Care Card Number
- Doctor Name and Number
- Alternate Pick Up
- Out of Province or Out of Country Contact
- Parent/Guardian Signature

Immunization Record & Emergency Medical Aid Information

Photograph of Child (required security measure, in case of emergency)

PLEASE COMPLETE ALL FORMS AND RETURN TO THE ENROLLMENT COORDINATOR OR PLACE IN THE ENROLLMENT MAIL SLOT IN THE SCHOOL CLOAKROOM.



FEES & PAYMENT PROCEDURES

The following fees are associated with enrollment and ongoing membership with Happy Days Playschool Association. The fees and payment procedures are detailed as follows:

*PLEASE MAKE ALL CHEQUES PAYABLE TO **"HAPPY DAYS PLAYSCHOOL"***

FEES TO BE PAID UPON ENROLLMENT

1. ENROLLMENT FEE

A non-refundable enrollment fee of \$30 is payable upon registration of a child at Happy Days Playschool. This fee secures a space for the child in the chosen class. This cheque shall be dated payable at the time enrollment forms are submitted.

2. FIRST MONTHLY TUITION FEES

A cheque for the amount of the first month's tuition fees (see details below) is required upon enrollment. This cheque shall be post-dated to August 1st. Should you withdraw from Happy Days Playschool within 30 days prior to the scheduled start date; this first monthly tuition fee shall be non-refundable.

MONTHLY TUITION FEES

PAYMENT (CHEQUE OR PRE-AUTHORIZED DEBIT (PAD)):

- For children starting in September, complete the attached PAD forms with a void cheque OR bring cheques for monthly tuition to the Parent Orientation Meeting in September.
- For children enrolling after September confirm with the Enrollment Coordinator the amount due if starting part way through a month, otherwise submit cheques as listed below to your class Treasurer representative.
- PAD withdrawals are completed on the first business day of the month (August, October-June)

FEES:

CRICKETS (Tues/Thurs am) & LADYBUGS (Tues/Thurs pm) - 2 Day Class for 3 year olds

- Cheques or PAD in the amount of \$125.00 dated payable the 1st of each month beginning with October and continuing through June. Your September fee is dated for August 1st (see above).

DRAGONFLIES (Mon/Wed/Fri am) & BUMBLEBEES (Mon/Wed/Fri pm) - 3 Day Class for 4 year olds

- Cheques or PAD in the amount of \$160.00 dated payable the 1st of each month beginning with October and continuing through June. Your September Fee is dated for August 1st (see above).

BUMBLEBEES (Mon/Tues/Wed/Thurs/Fri pm) - 5 Day Class for 4 year olds

- Cheques or PAD in the amount of \$265.00 dated payable the 1st of each month beginning with October and continuing through June. Your September Fee is dated for August 1st (see above).



2020/2021 MONTHLY TUITION FEE PAD PERMISSION FORM

HAPPY DAYS PLAYSCHOOL ASSOCIATION
489 Mundy Street,
Coquitlam, BC
V3K 5N2

Over the years we've heard from parents about how they would prefer to have monthly tuition fees paid directly from their bank accounts rather than having to write cheques.

We've added a new payment option to make it really easy for you to pay us. Sign up for the convenience of automatic payments and we'll debit your account based on your monthly tuition rate on the 1st of every month (Oct-Jun) with the September tuition debited on August 1.

Don't worry, if you ever need to make a change we'll gladly accommodate your request, please be considerate and give us enough notice to process the change before your next due date. Direct debits are safe, environmentally friendly, and won't cost you a dime!

Please note, we will no longer accept cash for tuition fee payments.

Tuition fees are due on the 1st of every month. Payments not received by the 1st are subject to a \$25 late fee.

This agreement is valid for the current school year only. A new agreement must be made every school year.

2020/21 Tuition Fees are:

Crickets/Ladybugs \$125

Dragonflies/Bumblebees (3day) \$160

Bumblebees (5day) \$265

2020/2021 MONTHLY TUITION FEE PAD PERMISSION FORM

CUSTOMER INFORMATION

Business Personal

Name _____ Email _____

Address _____ City _____

Province _____ Postal Code _____

Payee's Name and Address:

Happy Days Playschool Association
489 Mundy Street
Coquitlam, BC V3K 5N2

- I/We warrant that the provided information is accurate.
- I/We will inform the payee, in writing, of any change in the information provided on this form a minimum of 10 business days prior to the next due date of the Pre-Authorized Debit (the "PAD")
- I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the account have signed the authorization below.
- I/We hereby authorize the Payee to issue Pre-Authorized Debits (as defined in Rule H4 of the Rules of Canadian Payments Association) drawn on the Account, for the following purpose: Preschool Tuition Fees at Happy Days Playschool
- Funds will be withdrawn on the first business day of the month from October through June. September tuition is to be paid by cheque by August 1.
- I/We will ensure funds are available on the due date.
- In the event that a payment is returned, I/We agree to pay a fee of \$25 in addition to the tuition fee outstanding.
- Withdrawals from the Preschool must be made in writing to the Enrollment Coordinator and must give a minimum of 1 calendar month notice. ie Withdrawal for January 15 must occur on or before December 1.

Variable Pre-Authorized Debit Agreement

You acknowledge that the authorization is to allow the business with whom your agreement is with to debit funds from your bank/credit union account for regular or recurring payments and/or one-time payments based on your payment obligations to the business with whom your agreement is with.

YOU WAIVE ANY LEGISLATIVE OR REGULATORY REQUIREMENT FOR PRE-NOTIFICATION.
Transaction dates that fall on a weekend or holiday will be processed the next business day. You understand this is a personal PAD agreement.

You may revoke your authorization at any time, subject to providing notice 10 business days before the next scheduled debit. You can obtain a sample cancellation form or more information on your rights to cancel a PAD agreement at your financial institution or by visiting the www.payments.ca/paying-pre-authorized-debit. You can also reach out directly to us and cancel your authorization.

You have certain recourse rights if any debit does not comply with this agreement (because the debit was not withdrawn in accordance with this authorization or amounts were withdrawn after the agreement was revoked).

For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement based on the timeline set out by the Canadian Payment Association. To obtain more information on your recourse rights, contact your financial institution or the Canadian Payment Association.

Please Attach a Void Cheque

Signature

Date



REGISTRATION FORM

Registering for: _____

- Crickets \$125 (Tues/Thurs am)
- Ladybugs \$125 (Tues/Thurs pm)
- Dragonflies \$160 (Mon/Wed/Fri am)
- Bumblebees \$160 (Mon/Wed/Fri pm)
- Bumblebees \$265 (Mon/Tues/Wed/Thurs/Fri pm)

Legal Name of Child _____
(Surname) (First Name)

Name Child Responds to: _____ **Sex:** F: _____ M: _____

Address: _____
(Street) (City) (Postal Code)

Birth date: _____ / _____ / _____ **Home Phone#:** _____
(year) (month) (day)

Parents email address: _____

Parent / Guardian Information: (List in order of who to contact first, second, third)

If you have a legal agreement outlining custody or restraining arrangements you must provide Happy Days with a copy.

NOTE: Happy Days Playschool considers all people listed below as people permitted to pick up the child

	Contact Name & Relationship to Child	Place of Work & Hours of Work	Contact Information
1	_____ Name _____ Relationship (Mother/Father)		Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____
2	_____ Name _____ Relationship (Mother/Father)		Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____
3	_____ Name _____ Relationship (Grandparent, Friend, other)		Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____

Additional Authorized people for pick-up please attach to back

Medical Information:

Doctor	Dentist	Care Card
Name: _____ Phone: _____ Location: _____ _____	Name: _____ Phone: _____ Location: _____ _____	B.C. Care Card #: _____ _____

Instructions for Teacher/Caregiver:

	Specify special needs/comments:
Health concerns for example: <ul style="list-style-type: none">• Allergies• Medications• Vision/speech/hearing• Learning Disabilities	
Special diet requirements	
Primary Language (if other than English)	
Other Languages	
Other	

Has child had other play/recreational/daycare experiences away from home?

- Yes (Describe briefly when, where, duration, any concerns) _____

- No

List any Siblings and their Ages: _____

Are you a returning parent to Happy Days Playschool? Yes _____ No
Year(s)

Other relevant information necessary to provide Happy Days Playschool:

How did you hear about Happy Days Playschool?

- Newspaper Word of Mouth Internet
 Other (please specify): _____

Information Provided by:

_____ (print name)

(signature) (date)

FOR HAPPY DAYS ENROLLMENT COORDINATOR ONLY

Information Processed by: _____ (Print name) _____ (Date)
Enrolling for: _____ / _____ (Month) (Year) _____ (Class)



PARENT AGREEMENT

(SCHOOL COPY)

Please read and sign below

1. Morning sessions are from 9:15 a.m. to 11:15 a.m., afternoon sessions are from 12:30 p.m. to 2:30 p.m. I will make every effort to be prompt in bringing my child to school so the program may begin, and in picking my child up at the end of the session so no one must wait for me.
2. I will not send my child to school if there is any question of illness. If my child contracts a communicable disease, I will notify the teacher immediately so that other families may be made aware of the contact. I will also advise the teacher of any allergies or dietary concerns.
3. I will notify the teacher if my child will not be attending preschool for the day, so that the rest of the class does not wait unnecessarily. In order to help the teacher deal with any potential unusual behaviour, I will inform the teacher of any event or change in routine at home that may affect my child.
4. If I have any questions about my child's progress or the preschool program, I will direct them to the teacher. I will direct suggestions about the administration of the playschool to the Executive via my class representative.
5. I understand that I am responsible for knowing the contents of the Parent Handbook.
6. I understand that my child is expected to be toilet trained or in the process of learning to use the toilet. If my child is not completely toilet trained, I will put my child in a diaper or pull-ups for sanitary reasons. I understand that I will be called should a change be required.
7. In case of injury to my child while in the care, custody, or control of the playschool, I hereby waive all claims against the school in excess of public liability insurance carried by the playschool. In case of car-pooling and transportation of children other than my own to and from school, I am aware that adequate third person liability on my private automobile insurance is mandatory.
8. I will pay my child's tuition fees by preauthorized debit (PAD) or cheques post-dated from September to June. For enrollment in January, payment is by PAD or cheques post-dated from January to June.
9. If it becomes necessary to withdraw my child from the school, I will give one (1) calendar months' notice in writing to the Enrollment Officer or pay one (1) month's tuition in lieu of notice. If I withdraw my child within 30 days of the scheduled start date (e.g. September), I will waive my first month's tuition fees.
10. The staff have final say on eligibility for moving between programs. There may be a trial period or waiting period before a spot is granted.

I have carefully read the above Parent Agreement and agree to follow it to the best of my abilities. I am willing to abide by the Constitution and Bylaws of Happy Days Playschool Association. I understand that failure to comply with Association policies and procedures may result in the suspension or termination of my membership. My signature indicates that I agree with all of the above.

Name (please print)

Signature

Date

Child's Name

Child's Class (please check) **Cricket** **Ladybugs** **Dragonflies** **Bumblebees (3 day class)**
 Bumblebees (5 day class)



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(PARENT COPY)

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7. In case of injury to my child while in the care, custody, or control of the playschool, I hereby waive all claims against the school in excess of public liability insurance carried by the playschool. In case of car-pooling and transportation of children other than my own to and from school, I am aware that adequate third person liability on my private automobile insurance is mandatory.
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Name (please print)

Signature

Date

Child's Name

Child's Class (please check) **Cricket** **Ladybugs** **Dragonflies** **Bumblebees (3 day class)**
 Bumblebees (5 day class)



IMMUNIZATION RECORD &
EMERGENCY MEDICAL AID

Check class child is registered for:

- Crickets (Tue/Thurs am)
- Ladybugs (Tue/Thurs pm)
- Dragonflies (Mon/Wed/Fri am)
- Bumblebees (Mon/Wed/Fri pm)
- Bumblebees (Mon/Tues/Wed/Thurs/Fri pm)

Name of Child _____
(Surname) (First Name)

Birth date: _____ / _____ / _____
(year) (month) (day)

The Child Care Licensing Regulations require that children's immunization records are maintained.

My child _____ **is up to date** with his/her vaccinations.
(Surname) (First Name)

My child _____ **is not up to date** with his/her vaccinations.
(Surname) (First Name)

I authorize the staff at Happy Days Playschool to call a medical practitioner or ambulance in the case of accident or illness of my child, if the parent cannot immediately be reached.

Authorized by Parent/Guardian: _____
(Print name)

(Signature) (Date)



Note to Parents – please complete information on both cards

STUDENT EMERGENCY CARD - NORTH BAG

Child:	Date of Birth:	
Address		
Home Phone	BC Care Card #:	
Mother's Name	Work No.:	Cell #:
Father's Name	Work No.:	Cell #:
Doctor's Name	Phone No.:	
Child's Allergies/Medical Conditions		
Date of Child's last Tetanus Shot		
<u>Alternate Contact & Authorized Pick Up:</u>		
	Phone No.:	
	Phone No.:	
<u>Out of Province or Out of Country Emergency Contact:</u>		
	Phone No.:	
I authorize Happy Days Playschool to obtain emergency medical treatment for my child in the event they are unable to reach me. I consent to an ambulance transporting my child if necessary.		
Signature of Authorized Guardian		Date:



Note to Parents – please complete information on both cards

STUDENT EMERGENCY CARD - SOUTH BAG

Child:	Date of Birth:	
Address		
Home Phone	BC Care Card #:	
Mother's Name	Work No.:	Cell #:
Father's Name	Work No.:	Cell #:
Doctor's Name	Phone No.:	
Child's Allergies/Medical Conditions		
Date of Child's last Tetanus Shot		
<u>Alternate Contact & Authorized Pick Up:</u>		
	Phone No.:	
	Phone No.:	
<u>Out of Province or Out of Country Emergency Contact:</u>		
	Phone No.:	
I authorize Happy Days Playschool to obtain emergency medical treatment for my child in the event they are unable to reach me. I consent to an ambulance transporting my child if necessary.		
Signature of Authorized Guardian		Date:



Waiver of Release of Information / Photographs

Dear: Parents/ Guardians,

Happy Days Playschool would like to share the following information with other parents in your child's class in the form of a class list:

- Student's FIRST and LAST name
- Parent's FIRST and LAST name
- Home phone number
- E-mail address
- Photographs

This information will be useful to you when arranging play dates, emergency pick-ups, Valentine's Day, etc. Also, the children in the class are spending a lot of time together and it is nice to know who will be around your child when they are at school.

From time to time your child's photo may be on display in the pre-school, as well, we put together a year-end DVD which is compiled of pictures taken throughout the school year. The DVD is only available to Happy Days students. The pictures that are taken will ONLY be shared with those attending Happy Days playschool.

I, _____, hereby give permission to Happy Days Playschool to distribute the information mentioned above to families enrolled in Happy Days ONLY. I also give permission to use my child's photos in the ways mentioned above ONLY.

Childs Name: _____

Parent Signature: _____

Date: _____

Happy Days Playschool promotes healthy food choices and responsible food handling for the children's snacks and other shared food.

Parents are responsible for preparing the snack for their own child. Food must be cut into bite-sized pieces. Extra care must be taken with foods that pose a choking hazard (e.g. grapes must be cut lengthwise into halves and carrots must be cut lengthwise).

Policies and Procedures

1.4 Nutrition and Snacks (Effective September 2006, Revised August 2018)

- a) The Association believes in healthy food choices which promote growth and development in children.
- b) Parents must provide their children with snack items that include healthy choices and from a variety of food groups as recommended by the Canada Food Guide. Candy and cookies are not an acceptable snack option.
- c) A snack is part of the daily curriculum except for field trip days (see Policy and Procedures 3.5) and special occasion party days (ie Halloween, Christmas etc), when an alternate snack will be arranged.
- d) Children must bring a reusable water bottle to every class which will be brought out at snack time. No juices or other beverages are permitted.
- e) Food allergies and sensitives must be communicated and respected by the entire school population. Staff will keep a listing of children with food allergies, symptom and treatment information in the school kitchen. See Policy and Procedure 3.3 for more information.
- f) Students with food preferences, whether it be for religious, personal or other reasons, are not included in the allergy alert notices.