

**Oak Park Neighbourhood Centre Preschool Program Registration Form** Date Admitted \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth Day \_\_\_\_\_

Parent 1 Name \_\_\_\_\_

Address1 \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

Parent 2 Name \_\_\_\_\_

Address2 \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

2<sup>nd</sup> Language? \_\_\_\_\_ Yrs in Canada \_\_\_\_\_

Parent 1. Employment Details for Emerg. Contact

Parent 2. Employment Details for Emerg. Contact

Workplace: \_\_\_\_\_

Workplace: \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation to child \_\_\_\_\_

Any communicable diseases or conditions requiring medical attention we should know about?

\_\_\_\_\_  
If child has a life threatening allergy or regular medication we need you to fill out additional forms. Please notify staff.

Days Enrolled – Monday  Tuesday  Wednesday  Thursday  Friday  9:30-12:00 or 1-3:30

Monthly Rate	1 day a week	2 days a week	3 days a week	4 days a week	5 days a week
9:30-noon or 12:45-3:15 \$35 Registration fee	\$49.00	\$92.75	\$133.20	\$166.5	\$199.80

PAD payments come out of your account on the 15<sup>th</sup> of the previous month

Base fees - \$35 non-refundable administration fee due at time of registration, \$10 for bounced cheques and \$7 late fee for each 15 minutes past pick up time.

**Child Information** Is your child toilet trained? Yes \_\_\_\_ No \_\_\_\_

Any information that you would like us to be aware of? (how do they react to new situations; when angry; or frightened. Do they play well with others? What is their favorite activity? etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how you comfort and reassure your child. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Immunization Rec'd** \_\_\_\_\_

**Discharge Date** \_\_\_\_\_

**Cheques Rec'd Details** \_\_\_\_\_

**Preschool Waiver, Medical Emergency & Pick Up Authorization**

Child Name \_\_\_\_\_

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

I acknowledge and understand that participation in and attendance at Oak Park Neighbourhood Centre preschool involves certain risks and dangers of accidents. I have considered and evaluated the nature, scope and extent of risks involved, and voluntarily and freely choose to assume those risks.

I release Oak Park Neighbourhood Centre from responsibility and/or liability for any loss, damage or injury that may result while my child(ren) are participating in the preschool, whether at the Oak Park Neighbourhood Centre or in the grounds surrounding it. This form shall remain in full force and effect until it is withdrawn by giving written notice to Oak Park Neighbourhood Centre. I agree that no notice apart from that, which is specified above, shall be considered to amend this form. I have the authority to give this release.

I have read the parent handbook and I agree to comply with the policies contained in it. At this time I wish to enter into an agreement with Oak Park Neighbourhood centre Preschool to provide care for my child.

Signature of Parent/Legal Guardian \_\_\_\_\_

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**Oak Park Neighbourhood Centre Emergency Treatment Release Form**

I authorize Oak Park Neighbourhood Centre to act on my behalf to ensure immediate medical treatment should the staff deem it necessary. I give permission for my child, in the event of an emergency, to receive full medical attention deemed necessary by a hospital physician. If possible my child will be accompanied to the hospital or met there by staff. Every effort will be made to reach me and/or my emergency contacts. I agree to accept any financial responsibility for any emergency medical care necessary.

Signature of Parent/Guardian: \_\_\_\_\_

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**Authorized People to Pick Up my Child.**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Please list any individual(s) who is DENIED access to your child: \_\_\_\_\_

**A written consent letter is required for pickup by anyone not on this list.**

Signature of Parent/Guardian: \_\_\_\_\_

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**Permission to Use Photograph**

I grant to Oak Park Neighbourhood Centre the right to take photographs of myself or my child in connection with the OPNC preschool program. I authorize Oak Park Neighbourhood Centre, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the Centre may use such photographs without names and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature, Parent/Guardian: \_\_\_\_\_

### Preschool Program Immunization Form

The Immunization of School Pupils Act, 1982, requires your child to be immunized against six diseases: measles, mumps, rubella (German Measles), diphtheria, tetanus and polio. This requirement can only be removed if you object to immunization for medical, conscience or religious reasons and you have completed the necessary exemption form obtained from the Health Department.

Student's Name \_\_\_\_\_

*Please fill in all dates of Immunization since birth:*

Vaccine Dates Given (y/m/d)	Diphtheria	Pertussis (Whooping Cough)	Tetanus	Polio – IPV or OPV (please specify)	Hib – (Haemophilus influenza – type B)	Measles	Mumps	Rubella	Meningococcal – C	Prevnar	Hepatitis B	Varicella (Chicken Pox)

Collection of this information is authorized under the Immunization of School Pupils Act, 1982. This information is used by the medical officer of health to maintain an immunization record for this child and take appropriate action to prevent vaccine preventable diseases. For further details concerning this collection, contact the Halton Region Health Department 905-825-6000.

# Oak Park Neighbourhood Centre (OPNC) Pre-Authorized Debit (PAD) Agreement



## Payor Information

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

Physical Address: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

## Bank Account Information (Payor account to be debited)

Bank Account Number

Transit Number (5 digits)

Bank ID (3 digits)

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

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

This payment is for (check one) Personal  Business Use

I/we authorize **Oak Park Neighbourhood Centre (OPNC)** and their designated service provider (First Ontario Credit Union) to debit my/our bank account as per the following schedule:

Recurring Payments of \$  .  on the  **day** of each month or the next business day,

**Or**  
 Variable Payments arising under my/our **OPNC** account(s) on the  **day** of each month or the next business day.

**I/we have waived my/our right to receive pre-notification of the amount of the PAD and agreed that I/we do not require advance notice of the amount of PADs before the debit is processed.**

I/we may revoke my authorization at any time, subject to providing notice of **30 days in writing** to Oak Park Neighbourhood Centre.

I/we have certain recourse rights if any debit does not comply with this 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 a sample cancellation form or for more information on my recourse rights or my/our rights to cancel a PAD agreement, you may contact your financial institution or visit <https://www.payments.ca/sites/default/files/h1eng.updated.pdf>

## Authorization - Signature of Payor Bank Account Holder(s) for the bank account provided above.

To enter into this agreement the required number of signatures to authorize transactions on the above bank account must be provided below:

\_\_\_\_\_

\_\_\_\_\_

(Name – please print)

(Name – please print)

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

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

### **Oak Park Neighbourhood Centre Contact Information:**

**2200 Sawgrass Drive Oakville Ont. L6H 6M8  
905-257-6029 x 105 Paige Lauer community@opnc.ca**