

REGISTRATION FORM

THE BIGGEST LITTLE PRESCHOOL & CHILDCARE CENTRE
14885/14853 60TH AVE SURREY, BC V3S 1R8
THE BIGGEST LITTLE LEARNING CENTER
14818 60TH AVE SURREY, BC V3S 1R8
604 572 3563/604 590 3833/236-598-5358

REGISTRATION CHECKLIST: REGISTRATION WILL NOT BE ACCEPTED WITHOUT THESE ITEMS ATTACHED.

- REGISTRATION FEE (\$100 PRESCHOOL & SCHOOL AGE CARE, \$150 FULL DAY CHILDCARE)
- FIRST MONTHS FEE DATED JULY 1ST IF REGISTERING FOR SEPTEMBER (PRESCHOOL PROGRAM ONLY)
- VOID CHECK FOR PAD
- EMERGENCY CARE CARD PICTURE
- IMMUNIZATION RECORDS ATTACHED

PERSONAL INFORMATION

PROGRAM ENROLLED: PRESCHOOL/FULL DAY CHILDCARE/SCHOOL AGE CARE **LOCATION:** CHURCH/LUMINA/LUXE

PRESCHOOL PROGRAM CLASS DAYS AND TIME: MWF MW T/TH | AM PM EXT _____

Specify the class you would like to enroll in on line above

FULL NAME OF CHILD: _____ BIRTHDATE (MM/DD/YYYY): _____

NAME CHILD RESPONDS TO: _____ GENDER: _____ PRONOUNS: _____

PRIMARY LANGUAGE: _____ OTHER: _____

ADDRESS OF CHILD: _____ STREET: _____

CITY: _____ POSTAL CODE: _____

PARENT OR GUARDIAN #1	PARENT OR GUARDIAN #2
NAME: _____	NAME: _____
ADDRESS (IF DIFFERENT FROM ABOVE): _____ _____	ADDRESS (IF DIFFERENT FROM ABOVE): _____ _____
CELL PHONE: _____	CELL PHONE: _____
WORK PHONE: _____	WORK PHONE: _____

PRIMARY CONTACT EMAIL ADDRESS: _____

EMERGENCY CONTACT INFO (MUST BE SOMEONE OTHER THAN THE PARENTS/GUARDIANS LISTED ABOVE)

CONTACT NAME: _____ PHONE #: _____

PERSON(S) AUTHORIZED TO PICK UP YOUR CHILD (OTHER THAN PARENT/GUARDIAN/EMERGENCY CONTACT)

NAME:	RELATION:	PHONE:
NAME:	RELATION:	PHONE:
NAME:	RELATION:	PHONE:

PLEASE MAKE SURE AUTHORIZED CONTACTS HAVE ID WHEN PICKING UP YOUR CHILD

PERSON(S) NOT AUTHORIZED TO PICK UP YOUR CHILD

NAME:	RELATION:	PHONE:
NAME:	RELATION:	PHONE:

CUSTODY AGREEMENT: YES /NO **IF YES, SUPPLY COPY OF THE CUSTODY ORDER TO THE CENTRE**

OFFICE USE ONLY:

PROGRAM START DATE: _____ WITHDRAWAL DATE: _____

EMERGENCY HEALTH INFORMATION

FAMILY DOCTOR NAME: _____ PHONE #: _____

(PLEASE LIST THE NAME OF THE MEDICAL CLINIC IF YOU DO NOT HAVE A FAMILY PHYSICIAN)

CHILD'S CARE CARD #: _____ DATE ISSUED: _____

CONSENT FOR EMERGENCY CARE

I AUTHORIZE THE STAFF AT THE BIGGEST LITTLE PRESCHOOL & CHILDCARE CENTER/THE BIGGEST LITTLE LEARNING CENTER TO CALL A MEDICAL PRACTITIONER OR AMBULANCE IN THE CASE OF ACCIDENT, ILLNESS OF MY CHILD(REN) OR IF THE PARENT CANNOT IMMEDIATELY BE REACHED.

SIGNATURE OF PARENT/GUARDIAN: _____

WITNESS SIGNATURE: _____ DATE: _____

HEALTH INFORMATION

PLEASE CHECK ALL THAT APPLY TO THE CHILD:

- ALLERGIES SEIZURES DIABETES ASTHMA VISION PROBLEMS HEARING PROBLEMS
- MOBILITY ISSUES SPEECH/LANGUAGE DIFFICULTIES BEHAVIOURAL ISSUES TAKES MEDICATION
- SKIN CONDITIONS A DIAGNOSIS ANY OTHER HEALTH CONCERNS NO CONCERNS

PLEASE SPECIFY/EXPLAIN: _____

LIST ALLERGIES: _____

CARE PLAN REQUIRED: YES /NO

PLEASE LIST ANY HEALTH CARE OR BEHAVIOUR PROFESSIONALS INVOLVED IN YOUR CHILDS LIFE (EX. SPEECH THERAPIST, CENTER FOR CHILD DEVELOPMENT): _____

DESCRIBE ANY SPECIFIC CARE INSTRUCTIONS: _____

PRESCHOOL/DAYCARE PARENTS: IS YOUR CHILD POTTY TRAINED? YES NO / DOES YOUR CHILD NAP? YES NO

DO YOU HAVE ANY RELIGIOUS/CULTURAL BELIEFS YOU WOULD LIKE TO SHARE? EX. SPECIAL HOLIDAYS, FOOD PREFERENCES/RESTRICTIONS: _____

IMMUNIZATION STATUS

ARE YOUR CHILD'S IMMUNIZATIONS UP TO DATE? YES / NO

PLEASE ATTACH A COPY OF IMMUNIZATION RECORDS OR FILL OUT SECTIONS BELOW (MM/DD/YYYY)

DIPHTHERIA	PERTUSSIS	TETANUS	POLIO	MMR	HIB
1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.
3.	3.	3.	3.		
4.	4.	4.	4.		
5.	5.	5.	5.		

IF IMMUNIZATION RECORDS ARE NOT AVAILABLE, PLEASE COMPLETE THE ATTACHED LETTER.

CHILD'S HOME INFORMATION

CHILD LIVES WITH? BOTH PARENTS MOTHER FATHER GUARDIAN #1 GUARDIAN #2

OTHER SIBLINGS IN THE HOME? YES NO

SIBLING NAME(S): _____

OTHER ADULTS IN THE HOME? YES NO

IF YES, PLEASE INCLUDE NAME(S):

FIRST NAME: _____ LAST NAME: _____ RELATIONSHIP: _____

FIRST NAME: _____ LAST NAME: _____ RELATIONSHIP: _____

GROUP EXPERIENCES

HAS YOUR CHILD HAD ANY PREVIOUS GROUP EXPERIENCE? (EX. DAYCARE, PLAY GROUPS, RECREATIONAL PROGRAMS)

YES / NO IF YES, HOW DID THEY ADAPT? _____

WHAT WERE THEIR SUCCESSES AND CHALLENGES IN A GROUP SETTING? _____

WHAT OTHER EXPERIENCES HAS THE CHILD HAD WAY FROM HOME? _____

WHAT ARE YOUR CHILD'S FAVOURITE TOYS/ACTIVITIES: _____

SOCIAL/EMOTIONAL DEVELOPMENT

DOES YOUR CHILD HAVE ANY PARTICULAR BEHAVIOUR CHALLENGES OR FEARS? YES / NO

PLEASE DESCRIBE: _____

HOW DOES YOUR CHILD BEHAVE TOWARDS OTHER CHILDREN? (EX. SEEKS OTHERS OUT, FEELS SHY) _____

IS YOUR CHILD ABLE TO SELF REGULATE? YES / NO (EX. CALM THEMSELVES DOWN/CHEER THEMSELVES UP/STOP BEHAVING NEGATIVELY) PLEASE LIST SUGGESTIONS TO HELP YOUR CHILD: _____

IS YOUR CHILD ABLE TO DRESS THEMSELVES (EX. CHANGE THEIR SHOES, PUT ON THEIR OWN JACKET, HAT, GLOVES)?

YES / NO

BY SIGNING BELOW, I CONFIRM THAT I HAVE NOT PROVIDED ANY FALSE INFORMATION REGARDING MY CHILD'S HEALTH, LEARNING ABILITIES OR SOCIAL/EMOTIONAL DEVELOPMENT. ALL THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

PARENT GUARDIAN SIGNATURE: _____ DATE: _____

STAFF INITIALS: _____

PARENT PERMISSIONS

CHILD'S FIRST NAME	CHILD'S LAST NAME
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IMAGE RELEASE

ALL PROGRAMS

I, _____ GIVE PERMISSION FOR PHOTOS TO BE TAKEN OF MY CHILD DURING THE PROGRAM FOR USE IN THE CLASSROOM AND ON THE BIGGEST LITTLE PRESCHOOL & CHILDCARE CENTER/THE BIGGEST LITTLE LEARNING CENTER'S SOCIAL MEDIA PLATFORMS AND WEBSITE PAGE. I UNDERSTAND THAT THE NAME OF MY CHILD AND PERSONAL INFORMATION WILL NOT BE PUBLISHED.

PARENT GUARDIAN SIGNATURE: _____ DATE: _____

STAFF INITIALS: _____

OFF PREMISES FIELD TRIP PERMISSION FORM

ALL PROGRAMS

I, _____ GIVE PERMISSION FOR MY CHILD TO GO ON REGULAR OUTINGS IN THE NEIGHBOURHOOD UNDER THE SUPERVISION OF THE STAFF AT THE BIGGEST LITTLE PRESCHOOL & CHILDCARE CENTRE/THE BIGGEST LITTLE LEARNING CENTER.

OFTEN INSTEAD OF PLAYING ON OUR PLAYGROUND THE CHILDREN GO FOR A WALK IN THE NEIGHBOURHOOD OR TO THE PARK. THIS IS AN ENJOYABLE EXPERIENCE FOR THE CHILDREN AS IT ALLOWS US TO EXPAND ON NATURE ACTIVITIES.

PARENT GUARDIAN SIGNATURE: _____ DATE: _____

STAFF INITIALS: _____

VEHICLE TRANSPORTATION PERMISSION

(SCHOOL AGE PROGRAM AND FULL DAY CHILDCARE PROGRAM)

I, _____ GIVE PERMISSION FOR MY CHILD TO BE TRANSPORTED VIA THE BIGGEST LITTLE PRESCHOOL & CHILDCARE CENTER/THE BIGGEST LITTLE LEARNING CENTER'S VEHICLE TO AND FROM SCHOOL AS WELL AS ON FIELD TRIPS.

I UNDERSTAND THAT VEHICLE HAS UNDERGONE INSPECTIONS AND MEETS THE REQUIREMENTS FOR A COMMERCIAL VEHICLE. I ALSO AM AWARE THAT THE DRIVER HAS A VALID DRIVER'S LICENSE AND MUST HAVE A CLASS 4 DRIVER'S LICENSE IF TRANSPORTING MORE THAN 10 CHILDREN AT ONE TIME.

PARENT GUARDIAN SIGNATURE: _____ DATE: _____

STAFF INITIALS: _____

PARENT COMMITMENT

ALL PROGRAMS

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO READ THE PARENT HANDBOOK AND POLICIES LOCATED ON THE BIGGEST LITTLE PRESCHOOL & CHILDCARE CENTER/THE BIGGEST LITTLE LEARNING CENTER'S WEBSITE AT WWW.BIGGESTLITTLEPRESCHOOL@GMAIL.COM. I ACCEPT AND AGREE TO ABIDE BY THE POLICIES STATED AND WILL MAKE MYSELF AWARE OF CENTER CLOSURES THROUGHOUT THE YEAR. STAFF WILL REMIND FAMILIES AS THE DATE APPROACHES.

PARENT GUARDIAN SIGNATURE: _____ DATE: _____

STAFF INITIALS: _____

CODE OF CONDUCT

THE BIGGEST LITTLE PRESCHOOL & CHILDCARE CENTER/THE BIGGEST LITTLE LEARNING CENTER

The goal of our code of conduct is to produce responsible, respectful and cooperative students. Childcare are expected to follow our code of conduct while attending our center and outside functions put on by our center. Parents are responsible for their children's behavior while present in the classroom or outside school functions.

<p>ALL CHILDREN, STAFF AND PARENTS AT THE BIGGEST LITTLE PRESCHOOL & CHILDCARE CENTER/THE BIGGEST LITTLE LEARNING CENTER HAVE THE RIGHT TO:</p> <ul style="list-style-type: none"> • Be safe • Be valued and treated considerately • Learn and grow each day • Speak and be heard 	<p>ALL CHILDREN, STAFF AND PARENTS AT THE BIGGEST LITTLE PRESCHOOL & CHILDCARE CENTER/THE BIGGEST LITTLE LEARNING CENTER HAVE THE RESPONSIBILITY TO:</p> <ul style="list-style-type: none"> • Act in a safe manner at all times • Respect the rights of others and their property • Listen courteously when others are speaking • Help solve problems • Participate actively and positively in our center's activities • Be ready to learn and grow each day
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Children are expected to follow these guidelines outlined throughout the day, on our daycare's property, on field trips and outside functions. We expect children to assume responsibility for their behavior. Staff will assist children in developing the skills to resolve conflict, problem solving, and decision-making according to their age and cultural beliefs. We value and encourage a learning and working environment that is inclusive and respectful of the diverse social, cultural needs or our childcare's community.

<p>AT THE BIGGEST LITTLE PRESCHOOL & CHILDCARE CENTER/THE BIGGEST LITTLE LEARNING CENTER THERE WILL BE NO:</p> <ul style="list-style-type: none"> • Bullying, cyberbullying, misuse of technology (cell phones, electronic devices, computers) if it negatively impacts on the center's environment • Harassment, threat, intimidation, violence in any form • Verbal, physical, or sexual abuse • Racial discrimination • Theft • Vandalism <p>AT THE BIGGEST LITTLE PRESCHOOL & CHILDCARE CENTER/THE BIGGEST LITTLE LEARNING CENTER WE WILL NOT TOLERATE THE PRESENCE OF:</p> <ul style="list-style-type: none"> • Intoxicating substance or banned substances (ie. Smoking) • Weapons and explosives • Intruders or trespassers • Firecrackers <p>WEAPONS ARE DEFINED AS:</p> <ul style="list-style-type: none"> • Real – such as guns, knives etc. • Replicas – such as toy guns, knives, etc. • Anything that can be used as a weapon such as a chain, razor blade or shard of glass <p>It is the child's and parent's responsibility not to bring to school or be in possession of at The Biggest Little Preschool & Childcare Center/The Biggest Little Learning Center, items that can be used as weapons or as replicas of weapons. Any discoveries of weapons will be confiscated and the parent's and the RCMP will be notified immediately. This will also result in immediate termination from The Biggest Little Preschool & Childcare Center (no refunds will be given for the remainder of the month)</p>	<p>CONSEQUENCES</p> <p>Consequences will take into account the age, maturity and special needs (ie. Intellectual, physical, sensory, emotional or behavioral disability) severity and frequency of actions. Consequences will be progressive and will focus on being restorative rather than punitive in nature. Depending upon these and other factors, one or more of the following actions may be taken:</p> <ul style="list-style-type: none"> • Review of expectations and a warning • Review of expectations, loss of privileges • Parents informed of behavior within 24 hours • Meeting with parents • Short term (at home) suspensions up to 5 days (at parent's expense, no refunds) • Consultation with police and or fire department • Cost to repair or replace (damaged/vandalized/stolen property at parent's expense) • Termination of services (at parent's expense, no partial refunds)
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CHILD'S FIRST NAME	CHILD'S LAST NAME
PARENT SIGNATURE	DATE

FINANCIAL OBLIGATION/WITHDRAWAL POLICY

ALL PROGRAMS (PRESCHOOL, DAYCARE, SCHOOL AGE PLEASE SIGN)	
INITIAL	1. THE REGISTRATION IS NON-REFUNDABLE FOR ANY REASON AND IS DUE ON THE DAY OF ACCEPTANCE OF REGISTRATION. PAYABLE BY CASH, CHEQUE OR E-TRANSFER.
INITIAL	2. PAYMENTS WILL BE DEDUCTED AUTOMATICALLY ON THE 1 ST OF EACH MONTH USING A PAD AGREEMENT (PRE-AUTHORIZED DEBIT) A VOID CHEQUE MUST ACCOMPANY THE PAD AGREEMENT
INITIAL	3. CHILDCARE REDUCTION PROGRAM – THE PROVINCE INITIATIVE REDUCES MONTHLY FEES FOR FULL AND PART TIME FAMILIES IN GROUND CARE (3-5) AND CHILDREN IN KINDERGARTEN. YOUR FEES WILL BE REDUCED TO REFLECT THIS CHANGE. IF THE PROVINCE DISSOLVES THIS PROGRAM FOR ANY REASON OR OUR CENTER CHOOSES TO “OPT OUT” THE REGULAR FEES WILL APPLY AND MUST BE PAID IN FULL
INITIAL	4. FAMILIES THAT ARE ON SUBSIDY ARE REQUIRED TO PAY ANY MONETARY DIFFERENCES THAT ARE NOT COVERED
INITIAL	5. A \$35 NSF FEE IS CHARGED ON ALL NSF PAD AGREEMENTS, RE-PAYMENTS MUST BE PAID BY THE FOLLOWING DAY. CONSTANT NSF PAD AGREEMENTS MAY RESULT IN SERVICES BEING WITHDRAWN.
INITIAL	6. REFUNDS ARE NOT GIVEN FOR ANY REASON. EX. VACATION, ILLNESS, UNEXPECTED CLOSURES ETC.
INITIAL	7. PAYMENTS REMAIN THE SAME YEAR ROUND/SCHOOL YEAR REGARDLESS OF VACATION, ILLNESS ETC. AND MUST BE MAINTAINED TO SECURE YOUR CHILD’S SPACE.
INITIAL	8. IT IS YOUR RESPONSIBILITY TO FAMILIARIZE YOURSELF WITH OUR PARENT HANDBOOK AND ANY OTHER MATERIALS THAT ARE PROVIDED. THEY ARE LOCATED ON OUR WEBSITE AT WWW.BIGGESTLITTLEPRESCHOOL.COM
INITIAL	9. THE BIGGEST LITTLE PRESCHOOL & CHILDCARE CENTER/THE BIGGEST LITTLE LEARNING CENTER RESERVES THE RIGHT TO AUTOMATICALLY WITHDRAW SERVICES DUE TO FINANCIAL OBLIGATIONS NOT BEING MET OR ISSUES THAT CANNOT BE RESOLVED BETWEEN PARTIES.
INITIAL	10. I UNDERSTAND THE ABOVE POLICIES AND HAVE CLARIFIED ANY QUESTIONS WITH A STAFF MEMBER IF NEEDED.
PRESCHOOL PROGRAMS (PLEASE SIGN IN ADDITION TO THE OBLIGATIONS ABOVE IF YOU ARE REGISTERING FOR A PRESCHOOL PROGRAM)	
INITIAL	11. ONE MONTH’S WRITTEN NOTICE MUST BE PROVIDED ON THE 1 ST OF THE MONTH FOR WITHDRAWAL FROM A PROGRAM OR YOU ARE REQUIRED TO PAY THE FOLLOWING MONTHS FEES. WITHDRAWALS ARE NOT ACCEPTED AFTER THE FIRST OF THE MONTH. THE EXCEPTION IS JULY 1 ST IN WHICH THERE ARE NO REFUNDS FOR SEPTEMBER’S SCHOOL FEES.
INITIAL	12. WITHDRAWALS AFTER APRIL 1 ST ARE NOT ACCEPTED AND YOU WILL BE REQUIRED TO PAY FOR THE REMAINDER OF THE SCHOOL YEAR.
SCHOOL AGE PROGRAM (PLEASE SIGN IN ADDITION TO THE OBLIGATIONS ABOVE IF YOU ARE REGISTERING FOR THE SCHOOL AGE PROGRAM)	
INITIAL	13. ONE MONTH’S WRITTEN NOTICE MUST BE PROVIDED ON THE 1 ST OF THE MONTH FOR WITHDRAWAL FROM A PROGRAM OR YOU ARE REQUIRED TO PAY THE FOLLOWING MONTHS FEES. WITHDRAWALS ARE NOT ACCEPTED AFTER THE FIRST OF THE MONTH.
INITIAL	14. FAILURE TO NOTIFY STAFF BY 2 PM OF THE DAY YOUR CHILD DOES NOT REQUIRE PICK UP FROM SCHOOL WILL RESULT IN A \$25 FINE AND IS PAYABLE NEXT TIME YOUR CHILD RETURNS TO THE CENTER.
INITIAL	15. WE DO NOT COVER GRADUAL ENTRY FOR KINDERGARTEN CHILDREN DUE TO LICENSING RESTRICTIONS.

PARENT/GUARDIAN OR INFORMATION PROVIDER

I UNDERSTAND MY FINANCIAL OBLIGATION TO THE BIGGEST LITTLE PRESCHOOL & CHILDCARE CENTER/THE BIGGEST LITTLE LEARNING CENTER

PARENT SIGNATURE	DATE
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STAFF INITIALS: _____

WEEKLY REQUIREMENTS FOR CHILDCARE

PLEASE FILL OUT THIS PAGE ONLY IF YOU ARE REGISTERING FOR SCHOOL AGE CARE OR FULL DAY CHILDCARE

CHILD'S FIRST NAME	CHILD'S LAST NAME
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DAY OF THE WEEK	MARK WITH AN X BESIDE THE DAY OF THE WEEK THAT CARE IS REQUIRED	MORNING DROP OFF TIME AT THE CENTER	AFTERNOON PICK UP TIME FROM THE CENTER
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			

SCHOOL AGE CARE ONLY:

ELEMENTARY SCHOOL ATTENDING	GRADE
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PLEASE CHECK WITH AN "X" THE DAYS THAT YOU REQUIRE. WRITE THE APPROXIMATE TIME THAT YOUR CHILD WILL BE PICKED UP AND DROPPED OFF EACH DAY TO THE CENTER SO WE CAN STAFF APPROPRIATELY. WE REQUIRE ONE MONTH'S WRITTEN NOTICE ON THE FIRST OF THE MONTH FOR WITHDRAWAL FROM OUR PROGRAMS.

OUR PROGRAMS BECOME VERY FULL AND PRIORITY IS GIVEN TO FULL TIME STUDENTS WITH SIBLINGS, A FULL TIME CHILD AND THEN PART TIME. IF YOU ARE PART TIME PLEASE INDICATE BELOW IF YOU ARE WILLING TO PAY FOR FULL TIME FEES TO GUARANTEE YOUR CHILD A SPACE.

- YES, I AM WILLING TO PAY FULL TIME FEES TO GUARANTEE MY CHILD A SPACE
- NO, I AM NOT WILLING TO PAY FULL TIME FEES AND I UNDERSTAND THAT THERE MAY NOT BE A SPACE AVAILABLE FOR MY CHILD.

PARENT SIGNATURE	DATE
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PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

CHILD'S NAME	LOCATION OF PROGRAM	CLASS/PROGRAM
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PAYOR INFORMATION (PLEASE PRINT CLEARLY)

NAME: _____

MAILING ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

TELEPHONE NUMBER: _____

DEBIT AMOUNT: \$ _____

TRANSACTION DATE: ____/____/____ TO ____/____/____
MM DD YYYY MM DD YYYY

PLEASE ATTACH A VOID CHEQUE OR A PRE-AUTHORIZED DEBIT FORM FROM YOUR FINANCIAL INSTITUTION

Pre-Authorized Debit (PAD) Details

I/We authorize (The Biggest Little Preschool & Childcare Center/The Biggest Little Learning Center) and the financial institution designated (or any other financial institution I/We may authorize at any time) 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 all charges arising under my/our (The Biggest Little Preschool & Childcare Center/The Biggest Little Learning Center) account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the ____ day of each month. These services are for (Childcare including preschool or other child related programs).

These services are for (check one) ____ personal or ____ business purposes.

The Biggest Little Preschool & Childcare Center/The Biggest Little Learning Center will obtain my/our authorization for any other one-time or sporadic debits and provide me with 10 calendar days written notice prior to any debits. This authority is to remain in effect until The Biggest Little Preschool & Childcare Center/The Biggest Little Learning Center has received written notification from me/us of its change or termination. This notification must be received at least thirty 30 calendar days before the next debit is scheduled at the address provided below. 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.

In the case of variable amount PADs, The Biggest Little Preschool & Childcare Center/The Biggest Little Learning Center will provide 10 days written notice prior to any changes in the fees and/or its schedule.

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 any 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

I/We understand and accept the terms of participating in this PAD plan.

SIGNATURE OF ACCOUNT HOLDER

SIGNATURE OF JOINT ACCOUNT HOLDER (IF APPLICABLE)

NAME (PLEASE PRINT)

NAME (PLEASE PRINT)

DATE

DATE

WHEN THE FORM IS COMPLETE, SUBMIT TO:

THE BIGGEST LITTLE PRESCHOOL & CHILDCARE CENTER/
THE BIGGEST LITTLE LEARNING CENTER
AT 14485/14853/14818 60 AVE SURREY BC V3S1R8
BIGGESTLITTLEPRESCHOOL@GMAIL.COM
PHONE NUMBER: 604-590-3833/604-572-3563

EMERGENCY CONSENT CARD

THE BIGGEST LITTLE PRESCHOOL & CHILDCARE CENTER

CHILD'S NAME (FIRST, MIDDLE, LAST)	DOB: (MM/DD/YYYY)
ADDRESS:	CARE CARD #:
PARENT/GUARDIAN NAME:	DATE ISSUED:
PARENT GUARDIAN NAME:	PHONE NUMBER:
EMERGENCY CONTACT NAME:	PHONE NUMBER:
CHILD'S DOCTOR:	PHONE NUMBER:
MEDICAL CONDITIONS/ALLERGIES/MEDICATIONS:	PLEASE ATTACH A COLOUR PHOTO OF YOUR CHILD HERE:

IT IS THE POLICY OF THIS CENTER 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 NEAREST EMERGENCY SERVICE.

PLEASE SIGN THE CONSENT BELOW SO THAT WE CAN TAKE APPROPRIATE ACTION ON BEHALF OF YOUR CHILD. THIS CONSENT WILL ACCOMPANY YOUR CHILD TO THE EMERGENCY SERVICE.

I HEREBY AUTHORIZE THE STAFF AT THE BIGGEST LITTLE PRESCHOOL & CHILDCARE CENTER/THE BIGGEST LITTLE LEARNING CENTER TO CALL A MEDICAL PROFESSIONAL OR AMBULANCE FOR MY CHILD, _____ IN CASE OF ACCIDENT OR ILLNESS IF I CANNOT BE IMMEDIATELY REACHED. I AGREE THAT I SHALL BE SOLELY RESPONSIBLY FOR ANY COST INCURRED FOR SUCH SERVICES.

I HEREBY GIVE CONSENT FOR MY CHILD, _____ TO RECEIVE MEDICAL TREATMENT.

PARENT GUARDIAN SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____

STAFF INITIALS: _____

Please fill in this emergency card. These are taken with us on field trips, to the playground, to and from the elementary schools or in case of emergency situations in which we must vacate the building. Please also include a photo of your child in the space indicated or attach. Thank you.

SCHOOL AGE CARE ONLY:

ELEMENTARY SCHOOL ATTENDING	GRADE
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