

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 FROM OUR PRICE 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 CONSTANT NSF PAD AGREEMENTS MAY RESULT IN SERVICES BEING WITHDRAWN.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: _____

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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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