



## 2017-2018 After School Program Woodland Elementary

### STUDENT & PROGRAM INFORMATION:

Name \_\_\_\_\_ Birthdate (mm/dd/yyyy) \_\_\_\_\_ Age \_\_\_\_\_

School Grade as of September 2017 \_\_\_\_\_ Gender:  Female  Male MCP # \_\_\_\_\_

Does the student require a booster seat for transportation in a vehicle?  Yes  No

*\*\*Please note that as per government legislation, children who are four to eight years old, or weigh between 40 and 80 pounds (18 and 37 kilograms), or are 4'9" (145 cm) tall or less are required to use a booster seat.*

Please check whether you are registering the student on a full-time basis or a part-time basis:

Location at Woodland Elementary, Dildo:

- Full-Time (Mondays, Tuesdays, Wednesdays, Thursdays, & Fridays)  
 Part-Time 1 (Mondays, Wednesdays & Fridays)  
 Part-Time 2 (Tuesdays & Thursdays)

Does the student have any medical (including food and other allergies), physical, or behavioural concerns that our staff should be aware of? (CONFIDENTIAL)

### PARENT/GUARDIAN INFORMATION:

1. Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_ Address \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_ Address \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

### EMERGENCY CONTACT (other than parents/guardians listed above):

- Please note that each person must be 18 years of age or older.

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

### PERSONS OTHER THAN PARENTS/GUARDIANS LISTED ABOVE WHO ARE PERMITTED TO PICK THE STUDENT UP FROM MAX:

- Please note that each person must be 18 years of age or older and may be required to show picture identification before the student is released to him or her. Any persons not listed here will not be permitted access to the student.

1. Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Email completed form to [info@yourmax.ca](mailto:info@yourmax.ca) or deliver in person to any MAX location. For inquiries, email [info@yourmax.ca](mailto:info@yourmax.ca), call 733-7330 or visit [www.yourmax.ca](http://www.yourmax.ca).



## Terms & Conditions for 2017-2018 After School Program – Woodland Elementary

1. A completed registration form must be submitted in person or by email to any MAX Arts. Athletics. Wellness. (hereafter referred to as MAX) location. Because spaces are limited, submission of a registration form does not mean that a student will be granted a space in the requested program. Returning MAX After School students and their siblings, returning students of other MAX childcare programs and their siblings, and existing MAX customers may be given priority for registration, followed by a “first-come, first-served” policy for all other registrants.
2. Full-time students will always be given priority over part-time students. Upon giving a minimum notice of fourteen (14) days to the parents/guardians, MAX may cancel the enrollment of a current part-time child to make room for a new full-time child, or for the current part-time child to move to full-time to retain their spot.
3. Once registered, to officially withdraw, a parent/guardian must complete and submit a Discontinuation Form in person or by email. Discontinuation Forms are available at our facilities. Verbal notification and/or non-attendance will NOT constitute discontinuation. Up to July 31, 2017, discontinuations are subject to a \$150+HST cancellation fee per student. From August 1-31, 2017 clients will pay the first bi-weekly payment, and a \$150+HST cancellation fee per student. From September 1, 2017 - March 31, 2018 discontinuing clients must give a minimum notice of 28 days, and pay a \$50+HST cancellation fee per student. From April 1 – June 28, 2018 discontinuing clients must give a minimum notice of 28 days, and pay a \$150+HST cancellation fee per student. Please note that recurring pre-authorized debit payments are non-refundable once processed. If a balance is owing after the discontinuation has been processed, the next scheduled recurring payment will be adjusted to collect this balance in full.
4. Children attending the MAX after school program must be toilet trained and able to tend to their own toiletry needs before enrollment into the program. If the child does not meet this requirement upon starting the program, access to the program can be restricted or withdrawn and be subject to regular cancellation terms.
5. I have read, understand and are in agreement with all conditions and expectations set out and presented in the “Parent Handbook” supplied to me upon registration in the program.
6. If a payer’s pre-authorized debit (PAD) payment fails and the payer’s account becomes delinquent, MAX may remove the student from the program after providing a minimum of 7 days written notice to the parent(s)/guardian(s) and the student’s school.
7. All charges for Declined Pre-Authorized Debits, Late Notices and Late Pick-Ups will be added to a pre-authorized debit (PAD) amount for a scheduled payment following the date of the charge. If any charges are incurred in June 2018 after the last scheduled payment has been processed, an additional pre-authorized debit payment will be processed on June 30, 2018 to cover these charges. Costs associated as per 2017-2018 After School Handbook.
8. A \$25.00 + HST = \$28.25 service fee will be charged on all declined pre-authorized bank debits returned as Non-Sufficient Funds (NSF).
9. Regular attendance and punctuality is expected for all days in which the student is registered. There will be no refund for days missed by a student.
10. MAX reserves the right to withdraw any program or level of instruction, to change an instructor of any program, or to close any MAX location at any time without notice or liability other than to refund fees received for sessions cancelled due to such withdrawal or closing.
11. Unless MAX is otherwise advised in writing by a parent/guardian, the parent(s)/guardian(s) permit the student to participate in all MAX After School Program activities including supervised offsite trips. All students in attendance must participate in all scheduled activities and arrive at MAX with the proper attire required to participate in the activities scheduled for the day. Activity schedules are posted on [www.yourmax.ca](http://www.yourmax.ca).
12. MAX is not responsible for any student’s personal possessions that may become lost, stolen, or broken while attending a MAX program.
13. Safety is a top priority at MAX. Upon departure, the student must be signed out of the program by a parent/guardian or one of the people listed on the registration form as persons other than parents/guardians who are permitted to pick the student up from MAX. If the MAX staff does not know the person picking the student up from MAX, the person will be asked to show photo identification before the student is released to him or her. A student is not permitted to leave the MAX facility by himself or herself unless a parent/guardian provides written permission to MAX.
14. Students are not allowed to carry or administer their own medication while attending MAX. If the student requires a dosage of his/her prescribed medication during the program, a parents/guardian must have a physician complete a release form. Medication must be given directly to the Program Coordinator by a parent/guardian. All medication must be in the original packaging and clearly labeled with the student’s name, medication name, date, dosage, doctor’s name, and telephone number. Due to possible allergic reactions, students must be taking the medication for at least 24 hours before attending the program. Please note that MAX staff may not administer medication to any student unless trained by medical personnel at the expense of the parents/guardians.
15. All of the student’s relevant illnesses, medical conditions, disabilities, and/or behavioral concerns have been disclosed to MAX on the registration form.
16. You hereby give MAX and its employees the authority to act on your behalf in case of any emergency. If, due to such circumstances as injury or sudden illness, medical treatment is necessary, you authorize MAX to take whatever emergency measures are deemed necessary by MAX for the protection of the student while in the care of MAX. You understand that this may involve calling a physician, interpreting and carrying out his or her instructions, and transporting the student to a hospital, including the possible use of an ambulance. This could also include emergency transportation required as a result of fire or other environmental emergencies. You understand that this may be done prior to contacting you, and that any expense incurred for such treatment, including ambulance fees, is your responsibility.
17. MAX promotes an atmosphere of safety and mutual respect and will not tolerate inappropriate conduct or behavior. Violation of these principles may result in immediate termination of the student’s enrollment.
18. In consideration of being allowed to participate in MAX activities and programs and to use MAX facilities, equipment and services, you hereby forever waive, release and discharge MAX and its officers, agents, employees, representatives, executors and all others acting on their behalf from any and all claims or liabilities for injuries or damages to the student’s person and/or property, including those caused by the negligent act or omission of any of sparing those mentioned or others acting on their behalf, arising out of or connected with the participation in any activities, programs or services of MAX or the use of any equipment at various sites, including home, provided by and/or recommended by a MAX representative.
19. MAX takes customer privacy seriously. We will not sell, distribute, barter or transfer any personally identifiable information obtained about our students to parties outside of MAX, without the authorized written consent of a parent/guardian except where required by law such as in emergency situations or by legal order. In the normal course of business and for the purpose of advertising, MAX may photograph or video students as they partake in MAX activities. Such photographs or video may be used by MAX for publicity purposes without the student’s name attached unless a parent/guardian otherwise advises MAX in writing. No photography or video is permitted to be taken inside any MAX location without the express written consent of MAX.

**ACCEPTANCE:** *By signing below, I acknowledge and agree to the terms and conditions written above and I represent that the information given by me on the Registration Form is complete and accurate.*

Student’s Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_



## Pre-Authorized Debit (PAD) Agreement for 2017-2018 After School Program (Single Payer) Woodland Elementary

STUDENT NAME: _____	*An individual payment agreement is required for each child
PAYER NAME: _____	

<b>PAYER INFORMATION (If different from Parent/Guardian):</b>		
Home # _____	Cell # _____	Email Address _____

<b>PRE-AUTHORIZED DEBIT (PAD) DETAILS:</b>				
You, the Payer, authorize City Stars Holdings Inc. (doing business as MAX Arts. Athletics. Wellness.) to debit your bank account according to the determined by the schedule selected below. If the student's start date is after the program's start date your first payment will be for a pro-rated amount that will be debited from your bank account on the date that your registration form is processed and your remaining payments will follow the schedule selected below. Please see Section 4 of the attached Pre-Authorized Debit (PAD) Terms & Conditions for instructions on how you may cancel this PAD agreement.				
Check one (1) of the following options:				
<input type="radio"/> Please use my bank account identified on the void cheque attached. <input type="radio"/> I am an existing MAX customer and please use my bank account that I have on file at MAX.				
Check the payment schedule that corresponds to the student's program:				
	Payment Frequency	Debit Amount	Start Date	End Date
<input type="radio"/> Full-Time	Bi-weekly	\$140.00	September 1, 2017	June 22, 2018
<input type="radio"/> Part-Time 1 (Mondays, Wednesdays & Fridays)	Bi-weekly	\$84.00	September 1, 2017	June 22, 2018
<input type="radio"/> Part-Time 2 (Tuesdays & Thursdays)	Bi-weekly	\$60.00	September 1, 2017	June 22, 2018
<b>ACCEPTANCE: By signing below, I acknowledge and agree to the terms and conditions for Pre-Authorized Debit Agreement for 2017-2018 After School Program</b>				
Signature of Account Holder:	Signature of Joint Account Holder (if required):			
_____	_____			
Name (please print) _____	Name (please print) _____			
Date (mm/dd/yyyy) _____	Date (mm/dd/yyyy) _____			



## **Pre-Authorized Debit (PAD) Agreement for 2017-2018 After School Program (Single Payer) Woodland Elementary**

1. In this agreement, “I”, “me” and “my” refers to each Account Holder who signs below.
2. I hereby authorize City Stars Holdings Inc. (doing business as MAX Arts. Athletics. Wellness. and hereafter referred to as MAX) and my financial institution to process Pre-Authorized Debits (PADs) against my account in accordance with the rules of the Canadian Payments Association.
3. I warrant and guarantee that all persons whose signatures are required to sign on the account have signed this Agreement.
4. I may cancel this Agreement at any time upon written notice being provided to MAX within 30 days before the next PAD was to be issued. I acknowledge that to obtain a sample cancellation form, or to receive more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).
5. This Agreement applies only to the method of payment and I agree that cancellation of this agreement does not terminate or otherwise have any effect on any contract that exists between MAX and me.
6. I understand that notice of any change in the frequency or date of the PAD will be given to me in writing or via email at least one month in advance, at the last address provided by me to MAX.
7. I agree that if I incur a charge for a PD Day, Late Notice, Declined Pre-Authorized Debit, or Late Pick-Up, the amount of the charge will be added to the Pre-Authorized Debit (PAD) amount for a scheduled payment following the date of the charge. If I incur any charge in June 2018 after the last scheduled payment has been processed, I permit an additional pre-authorized debit payment to be processed on June 30, 2018 to cover the charges.
8. I agree to waive this pre-notification requirement and allow MAX to adjust my final payment to collect any balance owing in full should the student withdraw from the program.
9. I agree that my financial institution is not required to verify that any Personal PAD has been drawn in accordance with this Agreement, including the amount, frequency, and fulfillment of any purpose of any Personal PAD.
10. I agree that delivery of this Agreement to MAX constitutes delivery by me to my financial institution. I agree that MAX may deliver this Agreement to MAX’s financial institution and agree to the disclosure of any personal information that may be contained in this Agreement to such financial institution.
11. I agree to inform MAX, in writing, of any change in the account information provided in this Agreement at least ten (10) days prior to the next due date of the PAD. In event of any such change, this Agreement shall continue in respect of any new account to be used for Personal PADs.
12. I acknowledge that my financial institution need not verify that a PAD has been issued in accordance with the particulars of my Agreement with MAX.
13. I acknowledge that I 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. I further acknowledge that to obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).
14. I hereby consent to the disclosure of any personal information contained in this Agreement to MAX’s Processing Agent which is directly related to and necessary for the proper processing of the PADs indicated in this Authorization under the rules of the Canadian Payments Association.



## Pre-Authorized Debit (PAD) Agreement for 2017-2018 After School Program (Payer 1) Woodland Elementary

**STUDENT NAME:** \_\_\_\_\_ \*An individual payment agreement is required for each child

**PAYER NAME:** \_\_\_\_\_

**PAYER INFORMATION (If different from Parent/Guardian):**

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Email Address \_\_\_\_\_

**PRE-AUTHORIZED DEBIT (PAD) DETAILS:**

You, the Payer, authorize City Stars Holdings Inc. (doing business as MAX Arts. Athletics. Wellness.) to debit your bank account according to the determined by the schedule selected below. If the student's start date is after the program's start date your first payment will be for a pro-rated amount that will be debited from your bank account on the date that your registration form is processed and your remaining payments will follow the schedule selected below. Please see Section 4 of the attached Pre-Authorized Debit (PAD) Terms & Conditions for instructions on how you may cancel this PAD agreement.

Check one (1) of the following options:

- Please use my bank account identified on the void cheque attached.
- I am an existing MAX customer and please use my bank account that I have on file at MAX.

Check the payment schedule that corresponds to the student's program:

	Payment Frequency	Debit Amount	Start Date	End Date
<input type="radio"/> Full-Time	Every 4 weeks	\$140.00	September 1, 2017	June 8, 2018
<input type="radio"/> Part-Time 1 (Mondays, Wednesdays & Fridays)	Every 4 weeks	\$84.00	September 1, 2017	June 8, 2018
<input type="radio"/> Part-Time 2 (Tuesdays & Thursdays)	Every 4 weeks	\$60.00	September 1, 2017	June 8, 2018

**ACCEPTANCE: By signing below, I acknowledge and agree to the terms and conditions for Pre-Authorized Debit Agreement for 2017-2018 After School Program**

Signature of Account Holder:  
\_\_\_\_\_

Signature of Joint Account Holder (if required):  
\_\_\_\_\_

Name (please print) \_\_\_\_\_

Name (please print) \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_



## **Pre-Authorized Debit (PAD) Agreement for 2017-2018 After School Program (Payer 1)**

### **Woodland Elementary**

1. In this agreement, “I”, “me” and “my” refers to each Account Holder who signs below.
2. I hereby authorize City Stars Holdings Inc. (doing business as MAX Arts. Athletics. Wellness. and hereafter referred to as MAX) and my financial institution to process Pre-Authorized Debits (PADs) against my account in accordance with the rules of the Canadian Payments Association.
3. I warrant and guarantee that all persons whose signatures are required to sign on the account have signed this Agreement.
4. I may cancel this Agreement at any time upon written notice being provided to MAX within 30 days before the next PAD was to be issued. I acknowledge that to obtain a sample cancellation form, or to receive more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).
5. This Agreement applies only to the method of payment and I agree that cancellation of this agreement does not terminate or otherwise have any effect on any contract that exists between MAX and me.
6. I understand that notice of any change in the frequency or date of the PAD will be given to me in writing or via email at least one month in advance, at the last address provided by me to MAX.
7. I agree that if I incur a charge for a PD Day, Late Notice, Declined Pre-Authorized Debit, or Late Pick-Up, the amount of the charge will be added to the Pre-Authorized Debit (PAD) amount for a scheduled payment following the date of the charge. If I incur any charge in June 2018 after the last scheduled payment has been processed, I permit an additional pre-authorized debit payment to be processed on June 30, 2018 to cover the charges.
8. I agree to waive this pre-notification requirement and allow MAX to adjust my final payment to collect any balance owing in full should the student withdraw from the program.
9. I agree that my financial institution is not required to verify that any Personal PAD has been drawn in accordance with this Agreement, including the amount, frequency, and fulfillment of any purpose of any Personal PAD.
10. I agree that delivery of this Agreement to MAX constitutes delivery by me to my financial institution. I agree that MAX may deliver this Agreement to MAX's financial institution and agree to the disclosure of any personal information that may be contained in this Agreement to such financial institution.
11. I agree to inform MAX, in writing, of any change in the account information provided in this Agreement at least ten (10) days prior to the next due date of the PAD. In event of any such change, this Agreement shall continue in respect of any new account to be used for Personal PADs.
12. I acknowledge that my financial institution need not verify that a PAD has been issued in accordance with the particulars of my Agreement with MAX.
13. I acknowledge that I 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. I further acknowledge that to obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).
14. I hereby consent to the disclosure of any personal information contained in this Agreement to MAX's Processing Agent which is directly related to and necessary for the proper processing of the PADs indicated in this Authorization under the rules of the Canadian Payments Association.



## Pre-Authorized Debit (PAD) Agreement for 2017-2018 After School Program (Payer 2) Woodland Elementary

**STUDENT NAME:** \_\_\_\_\_ \*An individual payment agreement is required for each child

**PAYER NAME:** \_\_\_\_\_

**PAYER INFORMATION (If different from Parent/Guardian):**

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Email Address \_\_\_\_\_

**PRE-AUTHORIZED DEBIT (PAD) DETAILS:**

You, the Payer, authorize City Stars Holdings Inc. (doing business as MAX Arts. Athletics. Wellness.) to debit your bank account according to the determined by the schedule selected below. If the student's start date is after the program's start date your first payment will be for a pro-rated amount that will be debited from your bank account on the date that your registration form is processed and your remaining payments will follow the schedule selected below. Please see Section 4 of the attached Pre-Authorized Debit (PAD) Terms & Conditions for instructions on how you may cancel this PAD agreement.

Check one (1) of the following options:

- Please use my bank account identified on the void cheque attached.
- I am an existing MAX customer and please use my bank account that I have on file at MAX.

Check the payment schedule that corresponds to the student's program:

	Payment Frequency	Debit Amount	Start Date	End Date
<input type="radio"/> Full-Time	Every 4 weeks	\$140.00	September 15, 2017	June 22, 2018
<input type="radio"/> Part-Time 1 (Mondays, Wednesdays & Fridays)	Every 4 weeks	\$84.00	September 15, 2017	June 22, 2018
<input type="radio"/> Part-Time 2 (Tuesdays & Thursdays)	Every 4 weeks	\$60.00	September 15, 2017	June 22, 2018

**ACCEPTANCE: By signing below, I acknowledge and agree to the terms and conditions for Pre-Authorized Debit Agreement for 2017-2018 After School Program**

Signature of Account Holder:  
\_\_\_\_\_

Signature of Joint Account Holder (if required):  
\_\_\_\_\_

Name (please print) \_\_\_\_\_

Name (please print) \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_



## Pre-Authorized Debit (PAD) Agreement for 2017-2018 After School Program (Payer 2) Woodland Elementary

1. In this agreement, “I”, “me” and “my” refers to each Account Holder who signs below.
2. I hereby authorize City Stars Holdings Inc. (doing business as MAX Arts. Athletics. Wellness. and hereafter referred to as MAX) and my financial institution to process Pre-Authorized Debits (PADs) against my account in accordance with the rules of the Canadian Payments Association.
3. I warrant and guarantee that all persons whose signatures are required to sign on the account have signed this Agreement.
4. I may cancel this Agreement at any time upon written notice being provided to MAX within 30 days before the next PAD was to be issued. I acknowledge that to obtain a sample cancellation form, or to receive more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).
5. This Agreement applies only to the method of payment and I agree that cancellation of this agreement does not terminate or otherwise have any effect on any contract that exists between MAX and me.
6. I understand that notice of any change in the frequency or date of the PAD will be given to me in writing or via email at least one month in advance, at the last address provided by me to MAX.
7. I agree that if I incur a charge for a PD Day, Late Notice, Declined Pre-Authorized Debit, or Late Pick-Up, the amount of the charge will be added to the Pre-Authorized Debit (PAD) amount for a scheduled payment following the date of the charge. If I incur any charge in June 2018 after the last scheduled payment has been processed, I permit an additional pre-authorized debit payment to be processed on June 30, 2018 to cover the charges.
8. I agree to waive this pre-notification requirement and allow MAX to adjust my final payment to collect any balance owing in full should the student withdraw from the program.
9. I agree that my financial institution is not required to verify that any Personal PAD has been drawn in accordance with this Agreement, including the amount, frequency, and fulfillment of any purpose of any Personal PAD.
10. I agree that delivery of this Agreement to MAX constitutes delivery by me to my financial institution. I agree that MAX may deliver this Agreement to MAX's financial institution and agree to the disclosure of any personal information that may be contained in this Agreement to such financial institution.
11. I agree to inform MAX, in writing, of any change in the account information provided in this Agreement at least ten (10) days prior to the next due date of the PAD. In event of any such change, this Agreement shall continue in respect of any new account to be used for Personal PADs.
12. I acknowledge that my financial institution need not verify that a PAD has been issued in accordance with the particulars of my Agreement with MAX.
13. I acknowledge that I 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. I further acknowledge that to obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).
14. I hereby consent to the disclosure of any personal information contained in this Agreement to MAX's Processing Agent which is directly related to and necessary for the proper processing of the PADs indicated in this Authorization under the rules of the Canadian Payments Association.