



## MAX Preschool

### CHILD & PROGRAM REGISTRATION INFORMATION:

Child's Name: \_\_\_\_\_

Birth Date (mm/dd/yyyy): \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Female  Male

Please select the attendance level and schedule below:

Full-Time

Monday - Friday

Part-Time 1

Monday, Wednesday, Friday

Tuesday, Thursday, Friday

Part-Time 2

Tuesday/Thursday

Monday/Wednesday

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

### 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 \_\_\_\_\_

Current marital status of the parents:  Married  Common Law  Single  Divorced  Separated

If parents are separated or divorced, please answer the following questions:

1. Who has legal custody of the child?

Shared  Mother  Father  Other (please specify) \_\_\_\_\_

2. Does the other parent have permission to have contact with the child while in our care?

Yes  No – if selected, a copy of the no contact order must be submitted.

3. Does the other parent have permission to leave our facility with the child?  Yes  No

### EMERGENCY CONTACT (other than parents/guardians listed above. Please note that the emergency contact must be 18 years of age or older):

1. Name \_\_\_\_\_ Primary Contact # \_\_\_\_\_

2. Name \_\_\_\_\_ Primary Contact # \_\_\_\_\_

### PERSONS OTHER THAN PARENTS/GUARDIANS LISTED ON PREVIOUS PAGE WHO ARE PERMITTED TO PICK CHILD 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 child is released to him or her. Any persons not listed here will not be permitted access to the child.

1. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Please submit completed registration form in person at 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).



## Child's Health & Development Questionnaire

**Note: Please attach a copy of the child's current immunization record.**

Child's Name: \_\_\_\_\_ MCP #: \_\_\_\_\_

1. Describe the child's general health, e.g., recurrent colds, ear infections, stomach aches, etc.:  
\_\_\_\_\_  
\_\_\_\_\_

2. Does the child have any illnesses, conditions, or special needs that we should know about, e.g., asthma, diabetes?  Yes  No If yes, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

3. Please check if the child has received (or been waitlisted for) any of the following services/professionals:  
 Speech Language Pathology  Occupational Therapist  Regional Autism Services  Janeway Child Development  Direct Home Services  
 Psychology  Vision Test  Hearing Test  Audiology  Public Health Nurse  Child, Youth, Family Services (Social Worker)  
 Other - please describe \_\_\_\_\_

4. Is the child taking any medication?  Yes  No If yes, which medication and what is it for?  
\_\_\_\_\_  
\_\_\_\_\_

5. Does the child have any food/other allergies or special dietary needs?  Yes  No If yes, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

6. How would you describe the child's emotional, physical, and social growth and development?  
\_\_\_\_\_  
\_\_\_\_\_

7. Describe specific techniques used to settle or calm your child:  
\_\_\_\_\_  
\_\_\_\_\_

8. Describe any particular fears that your child has, e.g., animals, loud noises:  
\_\_\_\_\_  
\_\_\_\_\_

9. How does your child usually react to new and/or stressful situations?  
\_\_\_\_\_  
\_\_\_\_\_

10. Names and ages of other children in household:  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_



11. We would appreciate your views on guiding the child's behaviour and setting limits:

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12. Is there anything else that you would like to tell us about the child to help us provide the best care possible?

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***By signing below, I represent that all of the child's relevant illnesses, medical conditions, disabilities, and behavioral concerns have been disclosed on the Child's Health & Development Questionnaire.***

A. Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian name (please print) \_\_\_\_\_

B. Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian name (please print) \_\_\_\_\_



## Consent to Emergency Care and Transportation

By signing below, I hereby give MAX and its employees the authority to act on my behalf in case of any emergency. If, due to such circumstances as injury or sudden illness, medical treatment is necessary, I authorize MAX to take whatever emergency measures are deemed necessary by MAX for the protection of my child while in the care of MAX. I understand that this may involve calling a physician, interpreting and carrying out his or her instructions, and transporting the child 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. I understand that this may be done prior to contacting me, and that any expense incurred for such treatment, including ambulance fees, is my responsibility.

A. Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian name (please print) \_\_\_\_\_

B. Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian name (please print) \_\_\_\_\_

## Field Trip Permission

By signing below, I hereby permit my child to participate in all MAX Preschool Program activities, field trips or any other educational/leisure activities geared for the child away from the childcare centre under the supervision of childcare staff. Field trips will include areas in short walking distances and will not involve transporting by vehicle.

A. Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian name (please print) \_\_\_\_\_

B. Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian name (please print) \_\_\_\_\_



## Terms and Conditions for MAX Preschool (please read carefully)

1. A completed registration form must be submitted in person or by email or fax to any MAX Arts. Athletics. Wellness. (hereafter referred to as MAX) Preschool location. Because spaces are limited, submission of a registration form does not mean that a child will be granted a space in the requested program. Existing MAX customers and/or returning MAX Preschool children and their siblings may be given priority for registration, followed by a “first-come, first-served” policy for all other registrants. Full-time children will be given priority over part-time children.
2. If the program is full, a person has the option of being put on a waiting list, but there is no guarantee that a space will become available. The person will be contacted only if a space becomes available.
3. Once registered, to officially withdraw a child from the MAX Preschool Program, a parent/guardian must complete and submit a Discontinuation Form in person to any MAX Preschool location, give a minimum notice of 28 days, and pay a \$50.00 + HST cancellation fee per child. Discontinuation Forms are available at our facilities. Verbal notification and/or non-attendance will NOT constitute discontinuation. If discontinuation occurs due to an injury or a medical condition, a Discontinuation Form must be submitted along with a physician’s note. Once the Discontinuation Form is processed, the parent(s)/guardian(s) will be charged for any balance owing or refunded for any overpayment.
4. If a payer’s pre-authorized debit (PAD) payment fails and the payer’s account becomes delinquent, MAX may remove the child from the program after providing a minimum of 7 days written notice to the parent(s)/guardian(s).
5. It is extremely important that parents/guardians drop off and pick up the children on time. If for some reason a parent/guardian is unable to pick the child up on time, the parent/guardian must phone the centre to advise the staff. When a child is picked up late, the payer(s) will be charged a Late Pick-Up Fee of \$10.00 at the start of every 15-minute increment past the pick-up deadline of 12:00pm.
6. All charges for Declined Pre-Authorized Debits and Late Pick-Ups will be added to a pre-authorized debit (PAD) amount for a scheduled payment following the date of the charge.
7. Monthly account statements and invoices are not provided. Payment receipts and receipts for income tax purposes are available upon request.
8. A \$25.00 + HST = \$28.25 service fee will be charged on all declined preauthorized bank debits returned as Non-Sufficient Funds (NSF).
9. Regular attendance and punctuality is expected for all days in which the child is registered. There will be no refund for days missed by a child.
10. MAX Preschool reserves the right to withdraw any program or level of instruction, or to close any MAX Preschool location at any time without liability other than to refund program fees received for services cancelled due to such withdrawal or closing. MAX Preschool will give a minimum notice of 14 days in the event of a withdrawal of services or closing.
11. Occasionally MAX Preschool may require additional assistance to meet a child’s needs. In these situations, MAX Preschool can request the involvement of an Inclusion Consultant with Child Care and Family Resource Programs, but only with the written consent of the parent(s)/guardian(s) of the child in question. The details of this process will be fully discussed with the parent(s)/guardian(s) if MAX Preschool determines that this service would be beneficial for the child and the staff. A plan regarding next steps will then be discussed with the parent(s)/guardian(s). If the parent(s)/guardian(s) refuse this service or if the child cannot settle after working with an Inclusion Consultant, MAX Preschool may require the child to leave the program for a few months until he/she is ready to re-enter the program.
12. You hereby give MAX Preschool and its employees permission to apply sunscreen and/or insect repellent to the child. You understand that you must provide sunscreen (at least SPF 30) and insect repellent labeled with the child’s name if you chose to have this applied to the child.
13. You hereby give MAX Preschool and its employees permission to allow students and instructors to observe the child during the day for educational purposes.
14. MAX Preschool takes customer privacy seriously. We will not sell, distribute, barter or transfer any personally identifiable information obtained about our participants to parties outside of MAX, without the authorized written consent of the parent(s)/guardian(s) except where required by law such as in emergency situations or by legal order. MAX Preschool may photograph participants as they partake in MAX Preschool activities and such photographs may be used by MAX Preschool for education purposes at the centre without the participant’s name attached unless the parent(s)/guardian(s) otherwise advises MAX Preschool in writing. No photography or video is permitted to be taken inside any MAX location without the express written consent of MAX and the parent(s)/guardian(s).

**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.*

A. Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Name (please print) \_\_\_\_\_

B. Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Name (please print) \_\_\_\_\_



## Pre-Authorized Debit (PAD) Agreement for MAX Preschool

**PARTICIPANT NAME:** \_\_\_\_\_

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

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

Address \_\_\_\_\_ City/Town \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone # \_\_\_\_\_ 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 for the debit amount selected below. Fees will be debited from your account every two (2) weeks. If a payment date falls on a banking holiday, the payment will be processed on the next business day. If the child's start date is outside of the set bi-weekly payment schedule, 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 set schedule. Please see Section 4 of the attached Pre-Authorized Debit (PAD) Terms & Conditions for instructions on how you may cancel this PAD agreement.

Child's Start Date (mm/dd/yyyy) \_\_\_\_\_

Check one (1) of the following options:

Please use my bank account identified on the void cheque attached below.

I am an existing MAX customer and please use my bank account that I have on file at MAX.

Please select the child's attendance schedule:

	Payment Frequency	Debit Amount
<input type="radio"/> Full-Time (5 days/week)	Bi-weekly	\$250.00
<input type="radio"/> Part-Time 1 (3 days/week)	Bi-weekly	\$150.00
<input type="radio"/> Part-Time 2 (2 days/week)	Bi-weekly	\$100.00

**ACCEPTANCE:** *By signing below, I acknowledge and agree to the terms and conditions for Pre-Authorized Debit Agreement for MAX Preschool and I hereby accept them as a condition of my participation in this Pre-Authorized Debit Agreement.*

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

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

Date \_\_\_\_\_ Date \_\_\_\_\_



## Pre-Authorized Debit (PAD) Terms & Conditions for MAX Preschool

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 Art. 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 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.
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.

**PLEASE ATTACH A VOID CHEQUE HERE**