



MAX Childcare, St. Michael's Church

CHILD & PROGRAM REGISTRATION INFORMATION:

Name _____ Birthdate (mm/dd/yyyy) _____ Age _____

Gender: Female Male MCP # _____ Start Date (mm/dd/yyyy) _____

Please select the attendance level in the age category applicable to the child:

Two (2) years of age:

Full-Time (Mon, Tue, Wed, Thu & Fri)

Part-Time 1 (Mon, Wed & Fri)

Part-Time 2 (Tue & Thu)

Three (3) & Four (4) years of age:

Full-Time (Mon, Tue, Wed, Thu & Fri)

Part-Time 1 (Mon, Wed & Fri)

Part-Time 2 (Tue & Thu)

List the names of any siblings of the Student that are attending the MAX After School Program, MAX Preschool, St. Michael's Church Daycare, or Gingerbread House:

1. _____ 2. _____

PARENT/GUARDIAN INFORMATION:

1. Name _____ Relationship to Child _____

Cell # _____ Work # _____ Home # _____

Email _____ Address _____

City/Town _____ Province _____ Postal Code _____

2. Name _____ Relationship to Child _____

Cell # _____ Work # _____ Home # _____

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

1. Name _____ Relationship to Child _____

Cell # _____ Work # _____ Home # _____

2. Name _____ Relationship to Child _____

Cell # _____ Work # _____ Home # _____

Please submit completed registration form in person to the MAX location. For inquiries, please email info@yourmax.ca, call 733-7330, or visit our website at www.yourmax.ca.



Terms and Conditions for MAX Childcare, St. Michael's Church (please read carefully)

1. This is a plain language agreement (the "Agreement"). The parents/guardians are referred to as "you" or "the parents/guardians" and City Stars Holdings Inc., doing business as MAX Arts. Athletics. Wellness., is referred to as "us", "we", or "MAX". This Agreement is legally binding.
2. You must submit a completed registration form in person to any MAX 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 Childcare children and their siblings may be given priority for registration, followed by a "first-come, first-served" policy for all other registrants.
3. Once registered, to officially withdraw the child from a MAX Childcare Program, you must complete and submit a Discontinuation Form in person to any MAX location. Full time participants must give a minimum notice of twenty-eight (28) days, and pay a \$50.00 + HST cancellation fee per child. Part time participants must give a minimum notice of fourteen (14) days, and pay a \$50+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 and a Discontinuation Form is submitted along with a physician's note, the notice period will be waived, but the \$50.00 + HST cancellation fee per child still applies. Once the Discontinuation Form is processed, the payer(s) will be charged for any balance owing. Please note that all pre-authorized debit payments are non-refundable once processed.
4. Full-time children will be given priority over part-time children. 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.
5. If the program is full, you have the option of being put on a waiting list, but there is no guarantee that a space will become available. You will be contacted only if a space becomes available.
6. The childcare services provided by MAX are to a maximum of nine (9) hours per day. Extended childcare services to a maximum of ten (10) hours per day are subject to availability and extra fees will apply for the extended services. MAX may revoke extended childcare services upon giving a minimum notice of twenty-eight (28) days to the parents/guardians.
7. You agree that we may change the fees by notifying you in writing at least twenty-eight (28) days in advance, at the last address provided by you to us. All government taxes, if applicable, are in addition to and will be automatically added to all payments.
8. Monthly account statements and invoices are not provided. Payment receipts and receipts for income tax purposes are available upon request.
9. A \$25.00 + HST service fee will be charged on all declined preauthorized bank debits returned as Non-Sufficient Funds (NSF); Stop Payment; or Funds Not Cleared.
10. If a payer's bi-weekly payment fails, the payer will be in default. We may then, when the payer is in default, send the payer's account to a collections agency, and/or immediately cancel the child's enrollment and keep any amounts that have paid to us for childcare services related to the child. If we later accept a payment from the payer and reinstate the child's enrollment, the payer must fulfill all of the remaining payment responsibilities under this Agreement and we may require the payer to pay any legal and/or collection fees and charges incurred by us in collecting overdue payments from the payer.
11. MAX reserves the right to withdraw any program or level of instruction, or to close any MAX location at any time without liability other than to refund fees received for services cancelled due to such withdrawal or closing. MAX will give you a minimum notice of one (1) month in the event of a withdrawal of services or closing.
12. It is extremely important that you drop off and pick up the child on time. If for some reason you are unable to pick the child up on time, you must phone the centre to advise the staff. When the child is picked up late, the payer will be charged a \$10.00 Late Pick Up Fee at the start of every ten (10) minute increment past the scheduled pick-up time. All Late Pick Up Fees will be added to the Pre-Authorized Debit (PAD) amount for a scheduled payment following the date of the charge.
13. Occasionally MAX may require additional assistance to meet a child's needs. In these situations, MAX 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 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 may require the child to leave the program for a few months until he/she is ready to re-enter the program.
14. You hereby give MAX 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.
15. You hereby give MAX and its employees permission to allow students and instructors to observe the child during the day for educational purposes.
16. MAX 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 may photograph participants as they partake in MAX activities and such photographs may be used by MAX for education purposes at the centre without the participant's name attached unless the parent(s)/guardian(s) 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 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.

Child's name _____

A. Parent/Guardian signature _____ Date _____

Parent/Guardian name (please print) _____

B. Parent/Guardian signature _____ Date _____

Parent/Guardian name (please print) _____



MAX Childcare, St. Michael’s Church – Permission to Pick Up Child

I /We, _____, parent(s) of _____,
 give permission for the following to be able to pick up my/our child from MAX CHILDCARE 3 – St. Michaels.

I am aware that photo ID will be required for the initial pick up, and may be required at pick up at any time if requested from the Childcare Staff or Operator.

A. Parent/Guardian signature _____ Date _____

Parent/Guardian name (please print) _____

B. Parent/Guardian signature _____ Date _____

Parent/Guardian name (please print) _____

| Pick Up Name | What Child Calls Them | Relationship to Child | Signature of Pick Up |
|--------------|-----------------------|-----------------------|----------------------|
| | | | |
| | | | |
| | | | |
| | | | |
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Note: Should pick up not be available to provide their signature, a copy of their signature (email, photo, etc.) is acceptable.



MAX Childcare, St. Michael's Church - Child's Health & Development Questionnaire

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

Child's Name _____ MCP # _____

1. Physician's Name _____ Clinic _____

Address _____ Phone # _____

2. Dentist's Name _____ Clinic _____

Address _____ Phone # _____

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

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

5. 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 Audiology Psychology
- Direct Home Services Hearing Test Vision Test
- Public Health Nurse Child and Youth Family Services (Social Worker)
- Other - please describe _____

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

7. Has the child ever been to a dentist? Yes No Please describe any dental problems:



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

9. Describe any concerns that you have about the child's diet and/or eating habits:

10. Does the child have any food allergies? Yes No If yes, please describe:

11. Does the child have any other allergies? Yes No If yes, please describe:

12. Is the child on any special diet? Yes No If yes, please describe:

13. Describe specific techniques used to settle or calm your child:

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

15. How does your child usually react to new and/or stressful situations?



16. Names and ages of other children in household:

| | |
|------------|-----------|
| Name _____ | Age _____ |
| Name _____ | Age _____ |
| Name _____ | Age _____ |
| Name _____ | Age _____ |

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

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

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) _____



MAX Childcare, St. Michael's Church – 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.

Child's name _____

A. Parent/Guardian signature _____ Date _____

Parent/Guardian name (please print) _____

B. Parent/Guardian signature _____ Date _____

Parent/Guardian name (please print) _____



MAX Childcare, St. Michael's Church - Field Trip Permission

By signing below, I hereby permit my child to participate in all MAX Childcare 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.

Child's name _____

A. Parent/Guardian signature _____ Date _____

Parent/Guardian name (please print) _____

B. Parent/Guardian signature _____ Date _____

Parent/Guardian name (please print) _____



MAX Childcare, St. Michael's Church – Permission to Administer Sunscreen

By signing below, I give the staff at MAX Childcare 3 permission to apply sunscreen to my child. I am aware that I must provide the sunscreen to the center in a labeled bottle, and no less than 30 SPF.

I understand sunscreen will be applied before outdoor time, and re-administered as caregivers feel is needed due to UV, weather conditions, time of day, water play, excessive sweating, or any other reason where the childcare provider feels reapplication is required to protect my child.

Child's Name: _____

A. Parents/Guardian Signature: _____ Date: _____

Parent/ Guardian Name (please Print): _____

B. Parents/Guardian Signature: _____ Date: _____

Parent/ Guardian Name (please Print): _____



**MAX Childcare, St. Michael's Church
Pre-Authorized Debit (PAD) Agreement - One (1) Payer**

PRICING & PAYMENT INFORMATION:

- If you have more than one (1) child attending MAX Childcare Programs (MAX After School Program, MAX Preschool, St. Michael's Church Daycare, or Gingerbread House), discounts are available. Please contact us for details.

CHILD NAME: _____

PAYER NAME (If different from Student): _____

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. 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 on page 2.
- I am an existing MAX customer; please use my bank account that I have on file at MAX.

Please check the child's age group and attendance level:

| <u>Age Group</u> | <u>Attendance Level</u> | <u>Debit Amount</u> | <u>Payment Frequency</u> |
|---|---|---------------------|--------------------------|
| <input type="radio"/> Two (2) years of age | Full-Time (Mon, Wed, Tue, Thu & Fri) | \$460.00 | Bi-Weekly |
| <input type="radio"/> Two (2) years of age | Full-Time (Mon, Wed, Tue, Thu & Fri) - Additional Student | \$420.00 | Bi-Weekly |
| <input type="radio"/> Two (2) years of age | Part-Time 1 (Mon, Wed & Fri) | \$276.00 | Bi-Weekly |
| <input type="radio"/> Two (2) years of age | Part-Time 2 (Tue & Thu) | \$184.00 | Bi-Weekly |
| <input type="radio"/> Three (3) & four (4) years of age | Full-Time (Mon, Wed, Tue, Thu & Fri) - First Student | \$440.00 | Bi-Weekly |
| <input type="radio"/> Three (3) & four (4) years of age | Full-Time (Mon, Wed, Tue, Thu & Fri) - Additional Student | \$400.00 | Bi-Weekly |
| <input type="radio"/> Three (3) & four (4) years of age | Part-Time 1 (Mon, Wed & Fri) | \$264.00 | Bi-Weekly |
| <input type="radio"/> Three (3) & four (4) years of age | Part-Time 2 (Tue & Thu) | \$176.00 | Bi-Weekly |

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) _____

PLEASE ATTACH A VOID CHEQUE HERE



MAX Childcare, St. Michael's Church
Pre-Authorized Debit (PAD) Agreement - One (1) Payer - Terms & Conditions

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.
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.
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.

ACCEPTANCE: By signing below, I acknowledge and agree to the terms and conditions written above 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 (mm/dd/yyyy) _____

Date (mm/dd/yyyy) _____



**MAX Childcare, St. Michael's Church
Pre-Authorized Debit (PAD) Agreement - Two (2) Payers**

PRICING & PAYMENT INFORMATION:

- If you have more than one (1) child attending MAX Childcare Programs (MAX After School Program, MAX Preschool, St. Michael's Church Daycare, or Gingerbread House), discounts are available. Please contact us for details.

CHILD NAME: _____

PAYER NAME (If different from Student): _____

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. Because there are two (2) payers for the child, you will alternate bi-weekly payments with the other payer which means that you will make a payment every four (4) weeks. If a payment date falls on a banking holiday, the payment will be processed on the next business day. 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 on page 2.
- I am an existing MAX customer; please use my bank account that I have on file at MAX.

Please check the child's age group and attendance level:

| <u>Age Group</u> | <u>Attendance Level</u> | <u>Debit Amount</u> | <u>Payment Frequency</u> |
|---|---|---------------------|--------------------------|
| <input type="radio"/> Two (2) years of age | Full-Time (Mon, Wed, Tue, Thu & Fri) | \$460.00 | Every 4 Weeks |
| <input type="radio"/> Two (2) years of age | Full-Time (Mon, Wed, Tue, Thu & Fri) - Additional Student | \$420.00 | Every 4 Weeks |
| <input type="radio"/> Two (2) years of age | Part-Time 1 (Mon, Wed & Fri) | \$276.00 | Every 4 Weeks |
| <input type="radio"/> Two (2) years of age | Part-Time 2 (Tue & Thu) | \$184.00 | Every 4 Weeks |
| <input type="radio"/> Three (3) & four (4) years of age | Full-Time (Mon, Wed, Tue, Thu & Fri) - First Student | \$440.00 | Every 4 Weeks |
| <input type="radio"/> Three (3) & four (4) years of age | Full-Time (Mon, Wed, Tue, Thu & Fri) - Additional Student | \$400.00 | Every 4 Weeks |
| <input type="radio"/> Three (3) & four (4) years of age | Part-Time 1 (Mon, Wed & Fri) | \$264.00 | Every 4 Weeks |
| <input type="radio"/> Three (3) & four (4) years of age | Part-Time 2 (Tue & Thu) | \$176.00 | Every 4 Weeks |

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) _____

PLEASE ATTACH A VOID CHEQUE HERE



**MAX Childcare, St. Michael's Church
Pre-Authorized Debit (PAD) Agreement - Two (2) Payers - Terms & Conditions**

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.
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.
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.

ACCEPTANCE: By signing below, I acknowledge and agree to the terms and conditions written above 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 (mm/dd/yyyy) _____

Date (mm/dd/yyyy) _____



**MAX Childcare, St. Michael's Church
Pre-Authorized Debit (PAD) Agreement - Two (2) Payers**

PRICING & PAYMENT INFORMATION:

- If you have more than one (1) child attending MAX Childcare Programs (MAX After School Program, MAX Preschool, St. Michael's Church Daycare, or Gingerbread House), discounts are available. Please contact us for details.

CHILD NAME: _____

PAYER NAME (If different from Student): _____

PAYER INFORMATION (If different from Parent/Guardian):

Address _____ City/Town _____ Province _____

Postal Code _____ Phone # _____ Email Address _____

PRE-AUTHORIZED DEBIT (PAD) DETAILS:

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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 on page 2.
- I am an existing MAX customer; please use my bank account that I have on file at MAX.

Please check the child's age group and attendance level:

| <u>Age Group</u> | <u>Attendance Level</u> | <u>Debit Amount</u> | <u>Payment Frequency</u> |
|---|---|---------------------|--------------------------|
| <input type="radio"/> Two (2) years of age | Full-Time (Mon, Wed, Tue, Thu & Fri) | \$460.00 | Every 4 Weeks |
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| <input type="radio"/> Two (2) years of age | Part-Time 2 (Tue & Thu) | \$184.00 | Every 4 Weeks |
| <input type="radio"/> Three (3) & four (4) years of age | Full-Time (Mon, Wed, Tue, Thu & Fri) - First Student | \$440.00 | Every 4 Weeks |
| <input type="radio"/> Three (3) & four (4) years of age | Full-Time (Mon, Wed, Tue, Thu & Fri) - Additional Student | \$400.00 | Every 4 Weeks |
| <input type="radio"/> Three (3) & four (4) years of age | Part-Time 1 (Mon, Wed & Fri) | \$264.00 | Every 4 Weeks |
| <input type="radio"/> Three (3) & four (4) years of age | Part-Time 2 (Tue & Thu) | \$176.00 | Every 4 Weeks |

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) _____

PLEASE ATTACH A VOID CHEQUE HERE



MAX Childcare, St. Michael's Church
Pre-Authorized Debit (PAD) Agreement - Two (2) Payers – Terms & Conditions

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.
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.
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.

ACCEPTANCE: By signing below, I acknowledge and agree to the terms and conditions written above 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 (mm/dd/yyyy) _____

Date (mm/dd/yyyy) _____