



Oakville Parent-Child Centre

February 3, 2010

Thank you for your interest in the ***Discovery Station Nursery School 2010/2011***. Our program is designed for children aged 18 months to 5 years of age. We offer Discovery Station Nursery School at our North Service Road, Sixth Line and Florence location. We will no longer be offering Nursery School at the Kingsway location.

Attached are the registration forms for Fall 2010. Please review the ***Discovery Station Information Booklet*** on our website www.op-cc.ca. If you wish to register for September 2010 you must submit your child's registration forms and they will be processed on a first-come/first-served basis now that the deadline has passed. Please include the following:

- Registration form** (both sides completed)
- Immunization form**
- Consent form**
- Registration fee of \$50** (currently dated)
- A deposit of one month's fee** (currently dated)
- Pre-authorized payment form with a void cheque**

Please indicate your first, second and third choice on the registration form. We will try to place you in your first choice, but will automatically move to your 2nd and 3rd choice if your 1st choice is full. You will be placed on the waitlist for your 1st and 2nd choice.

Registration forms received after February 3rd will be processed on a first come, first served basis, based on space availability. Registration forms submitted without payment **will not** be processed until payment is received. Confirmation letters will be sent approximately 10 days after deadline.

Registration forms for Adventure Express, our licensed summer camp program for children aged 18 months to 5 years will be **available for pick up on April 13th**, 2010.

If you have any questions regarding registration, please do not hesitate to contact me or a Nursery School Program Manager at 905-849-6366.

Sincerely,

Erika Sonius
Licensed Program Co-ordinator

Family Doctor: _____ Tel. #: _____
 Address: _____
 Previous communicable diseases: _____ Date _____

 Special medical condition or known allergies: _____

 Does your child have an epipen? _____ Does your child have a puffer? _____ Home use only? _____
 Are you involved or on the waiting list for : __speech services __integration services __other: _____

STATEMENT OF IMMUNIZATION

PLEASE COMPLETE AND SIGN AN IMMUNIZATION FORM. IF YOUR CHILD IS NOT BEING IMMUNIZED, PLEASE CONTACT THE OFFICE AND REQUEST A "STATEMENT OF CONSCIENCE".

General Information Booklet

I have read and understand the policies as outlined in the Oakville Parent-Child Centre's *Discovery Station General Information Booklet*.

Signature of Parent: _____ **Date:** _____

We collect and use personal information in order to communicate with you. This information is for the sole use of the OPCC staff and their representative. However, we are required by the Public Health Department to report any suspected communicable diseases as per the Health Protection & Promotion Act (1983) and personal information may be provided.

VOLUNTEER PROGRAM – Please share your hidden talents! Assistance is needed in the following areas:

- Office Volunteer – Assist with library and mailouts
- Community Day – Staff the Centre's display at Community Day events i.e. Welcome Wagon Baby Showers, HomeShows, etc.
- Special Events Volunteer – assistance with ongoing events for the Centre.

How did you hear about Discovery Station? Friend () Advertisement ()
 Other: please specify: _____

OFFICE USE ONLY:							
Program Start Date: _____		Fee: _____		Withdrawal Date: _____			
Changes: Program: _____		Date: _____		Fee: _____			
Integrated: _____		Assistance: _____					
DATE PAID	CASH/CH/PAP	AMOUNT	PERIOD COVERED	DATE PAID	CASH/CH	AMOUNT	PERIOD COVERED
		\$50.00	Reg. Fee	Jan. 1, 2011			Jan. 2011
			June 2011	Feb. 1, 2011			Feb. 2011
Sept. 1, 2010			Sep. 2010	Mar. 1, 2011			Mar. 2011
Oct. 1, 2010			Oct. 2010	Apr. 1, 2011			Apr. 2011
Nov. 1, 2010			Nov. 2010	May 1, 2011			May 2011
Dec. 1, 2010			Dec. 2010				



Statement of Immunization For Entry Into Child Care

According to the Day Nurseries Act every operator shall ensure that before a child is admitted to a Licensed Child Care Program the child is immunized as required by the Medical Officer of Health. The vaccines required are diphtheria, tetanus, polio, haemophilus B, measles, mumps, rubella. These requirements may be removed if you object to immunization for medical, conscience or religious reasons. The necessary exemption form can be obtained from the Health Department.

Child Care Program: _____

Child's Name: _____
(last name) (first name)

Sex: F__ M__ Birth Date: ____ ____ ____
yr m day

Address: _____
Street City/Town Postal Code
 Parent/Guardian: _____ Home # _____ Work# _____

Family Doctor and telephone number & address:

*** required for day care/nursery school attendance**

<i>Vaccine</i>	Diphtheria *	Pertussis * (Whooping Cough)	Tetanus *	Polio - IPV or OPV *	Hib(haemophilus influenza type B) *	Measles *	Mumps *	Rubella *	Pprevnar	Meningococcal - C	Hepatitis B	Varicella (chickenpox)
Dates Given (yy/mm/dd)												

Personal information on this form is collected pursuant to section 33 (1) of the *Day Nurseries Act*, R.R.O. 1990, Reg. 262, and in accordance with the *Personal Health Information Protection Act, 2004*, S.O. 2004,c.3, and will be used to determine adequate immunization status of the named child. Questions regarding the collection of personal information should be addressed to Region of Halton, 1151 Bronte Rd., Oakville, ON L6M 3L1, 905-825-6000.

DISCOVERY STATION NURSERY SCHOOL – 2010/2011**CONSENT FOR WALKS**

I, the undersigned, being parent or guardian of _____
do hereby consent to the participation of my child in activities related to the Discovery
Station program, at school and while on walks or field trips, provided such activities are
supervised by a member of your staff. This includes all activities conducted as a regular
part of the program.

Date

Signature

CONSENT FOR PHOTOS

Throughout the course of the year we would like to highlight events of our program by
taking photographs of the children. These will be used for display within the program
area only.

I _____(Parent's Name) give permission for my child
_____(Child's name) to be photographed for program use only.

Date

Signature

PRE-AUTHORIZED PAYMENT AUTHORIZATION – TERMS AND CONDITIONS

The Payor [sometimes referred to as I (we)] acknowledges that this Authorization is provided for the benefit of Oakville Parent-Child Centre (referred to as "OPCC") and (Processing Institution) and is provided in consideration of (Processing Institution) agreeing to process debits against my account in accordance with the Rules and Regulations of the Canadian Payments Association.

This authorization may be cancelled at any time upon notice by Payor. I (we) acknowledge that, in order to revoke this authorization, I (we) must provide notice of revocation to OPCC.

I (we) acknowledge that provision and delivery of this authorization to OPCC constitutes delivery by the Payor to (Processing Institution). Any delivery of this authorization to you constitutes delivery by the Payor.

I (we) and OPCC agree to waive the pre-notification requirement set out in Section 11 of Appendix II of rule H1 of the Canadian Payments Association. This waiver means that OPCC will not provide 10 days written notice to you of the amount and date of the first debit to your account nor will OPCC provide such notice every time there is a change, based on your written instructions, in the amount or the payment date.

I (we) undertake to inform OPCC, in writing, of any change in the account information provided in this authorization prior to the next due date of the PAD.

The account that OPCC is authorized to draw upon is indicated in the accompanying authorization. A blank cheque for this account has been marked "VOID" and is attached.

I (we) acknowledge that (Processing Institution) is not required to verify that a PAD has been issued in accordance with the particulars of the Payor's Authorization including, but not limited to, the amount.

I (we) acknowledge that (Processing Institution) is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by OPCC as a condition to honouring a PAD issued or caused to be issued by OPCC on the Payor's account.

Revocation or cancellation of this authorization does not terminate any of the terms and conditions that were set out in the Nursery School General Information Booklet. The Payor's Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for services.

A PAD may be disputed by a Payor under the following conditions:

1. the PAD was not drawn in accordance with the Payor's Authorization; or
2. the authorization was revoked; or
3. pre-notification was not received.

The Payor, in order to be reimbursed, acknowledges that a declaration to the effect that either (1), (2) or (3) took place, must be completed and presented to the branch of the Processing Institution holding the Payor's account up to and including 90 calendar days in the case of a personal/household PAD (or up to and including 10 business days in the case of a business PAD), after the date on which the PAD in dispute was posted to the Payor's account.

The Payor acknowledges that a claim on the basis that the Payor's Authorization was revoked, or any other reason, is a matter to be resolved solely between OPCC and the Payor when disputing any PAD after (90 calendar days in the case of a personal/household PAD or 10 business days in the case of a business PAD).

DEFINITIONS

Personal/Household PAD: Means a PAD (Pre-Authorized Debit in paper, electronic or other form) drawn on the account of a Payor for payments such as, but not limited to, charitable donations, RESP and Spousal RRSP contributions, mortgage installments, utility bills, insurance premiums, membership fees, property taxes, credit card billings and payment for other consumer goods and services.

KEEP FOR YOUR RECORDS