



# THE LEARNING CENTRE BEFORE & AFTER SCHOOL 2024-2025

## REGISTRATION INFORMATION

**REGISTRATION DEADLINE: AUGUST 15, 2024**

Glengarry Inter-Agency Group Inc. - The Learning Centre before and after school programs will reopen on Wednesday September 4, 2024.

**Priority Registration:** Current families that are registered for before and after school with The Learning Centre are eligible for priority placement in the registration queue for the **first week of before and after school registration**, with a priority deadline of **12:00am on Friday, June 21, 2024**. As of 12:01am on Friday, June 21, registrations will be first come first serve.

**Registration Information:** Registration, UCDSB Consent Form, Financial Agreement, P.A.D, void cheque and any applicable forms must be filled out completely and submitted to the select e-mails below before or by August 15, 2024. The forms **cannot** have any blank sections. The **emergency contacts must live nearby and be accessible** in case of an emergency. If you are enrolling more than one child, each child must have **their own registration form** filled out.

**Bridgewood (Cornwall) Registration** > Send to Site Supervisor: Emily Vivarais RECE  
**E-mail Address:** [bridgewood@giag.ca](mailto:bridgewood@giag.ca) | **Site Phone #:** 613-551-6597

**Longue Sault Registration** > Send to Site Supervisor: Mathirshiya Sivapathasundaram (Shiya) RECE  
**E-mail Address:** [longuesault@giag.ca](mailto:longuesault@giag.ca) | **Site Phone #:** 613-551-0199

**Rothwell-Osnabruck Registration** > Send to Site Supervisor: Erika Murray  
**E-mail Address:** [ro@giag.ca](mailto:ro@giag.ca) | **Site Phone #:** 613-930-3614

**Iroquois Registration** > Send to Site Supervisor: Olivia Wright  
**E-mail Address:** [iroquois@giag.ca](mailto:iroquois@giag.ca) | **Site Phone #:** 613-577-1433

**Winchester Registration** > Send to Site Supervisor: Brandon Mayer  
**E-mail Address:** [winchester@giag.ca](mailto:winchester@giag.ca) | **Site Phone #:** 613-223-0243

**Laggan Registration** > Send to Site Supervisor: Nina O'Flaherty  
**E-mail Address:** [laggan@giag.ca](mailto:laggan@giag.ca) | **Site Phone #:** 613-930-3605

**Child Care Fees:** Payment for your child's enrollment is due in advance of care. A completed Financial Agreement and Pre-Authorized Debit (P.A.D.) form is required at the time of registration. Automatic withdrawals for your child's monthly child care fees will be processed on the dates indicated on the Financial Agreement. **All families are required to submit a VOID cheque or Direct Deposit Information with their registration.** Please note: **If you're a previous/current school year/summer client, you're still required to submit a VOID cheque or Direct Deposit Information with your registration.** Families who have online banking can download a VOID cheque or Direct Deposit

Information and send it with their registration forms. *If a VOID cheque or Direct Deposit Information is not accompanied with a registration, we will consider the registration incomplete.*

**City of Cornwall Subsidy:** Parents/Guardians must contact The Learning Centre to confirm a space for their child(ren). Parents/Guardians **without** a formal subsidy approval (emailed by Child Care Case Manager) are required to pay for their space.

**\*\*Note that ALL current/previous subsidy agreements with the City of Cornwall end at the end of the current school year/summer. It is therefore important that subsidized parents/guardians re-apply for fee subsidy in advance of the school year.**

**Fully subsidized families** do not need to provide us with a completed PAD Agreement or VOID cheque but must complete a Financial Agreement.

**Partially subsidized families** are required to provide us with a completed Financial Agreement, PAD Agreement and a VOID cheque.

Families with approved subsidy must only attend the program on days that are approved by the City of Cornwall.

Should you have any questions regarding the Subsidy application or if you need assistance, please call the City of Cornwall - Child Care Division at 613-933-6282 extension 3315 between the hours of 8:30 a.m. and 4:30 p.m. Monday to Friday or visit their website: <https://www.cornwall.ca/en/live-here/child-care-fee-subsidy.aspx>

**Healthy Lunch / Snacks:** All children must be supplied with a **healthy lunch and plenty of snacks** every day. All lunch kits must be labelled with the child's full name. In addition, a **reusable water bottle labelled with your child(ren)'s name(s)** must be provided each day. We recommend parents pack a bag with "**extra back up snacks**" labelled with your child(ren)'s name(s) and give it to your child(ren)'s educator. When your child(ren) is/are requesting more food, we can have your child(ren) choose a snack from your "extra back up snacks" bag. Please remember we are a **peanut free centre**.



**Parent Handbook:** [CLICK HERE](#) for a copy of our current *Parent Handbook*, and more information. If you require a hard copy of our current *Parent Handbook*, please contact The Learning Centre at [tlcinfo@giag.ca](mailto:tlcinfo@giag.ca).

**Questions: E-mail [tlcinfo@giag.ca](mailto:tlcinfo@giag.ca)**



Glengarry Inter-Agency Group Inc. – The Learning Centre  
580 Main Street South  
P.O. Box 430  
Alexandria, ON  
K0C 1A0  
[www.giag.ca](http://www.giag.ca)



# The Learning Centre Registration Form School Year 2024-2025

| CHILD'S INFORMATION   |   |
|---|---|
| Child's Last Name:  | Child's First Name:   |
| Date of Birth(m/d/y):   | <div style="display: flex; justify-content: space-around;"> <span>Male <input type="checkbox"/></span> <span>Female <input type="checkbox"/></span> </div>  |
| Name of School Child Attends:   | Other <input type="checkbox"/> Specify incl. pronouns _____   |
| Child's Home Address:   | TLC Site Attending:   |
| City:   | Postal Code:  |
| MEDICAL INFORMATION   |   |
| Does your child have any <b>allergies</b> ? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If yes, please specify.<br><br><i><b>*If your child is anaphylactic, you must complete the Anaphylaxis Emergency Plan Form prior to your child's start date.</b></i>  | Does your child have an <b>Epipen</b> ? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If yes, please specify.   |
| Does your child have any special <b>medication</b> information?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify.<br><br><i><b>*If your child needs to receive drugs or medication at The Learning Centre you must complete the Authorization Administration Form prior to your child's start date.</b></i> | Has your child been diagnosed with a <b>medical condition</b> ? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify.<br><br><i><b>*If your child has a medical condition, you must complete the Individualized Plan for a Child with Medical Needs prior to your child's start date.</b></i>  |
| <b>Additional Information</b> i.e. (Any special requirements in respect of diet, rest, or physical activity. Any previous history of communicable diseases, conditions requiring medical attention. Any food sensitivity...etc.)  | Does your child require an <b>Individualized Support Plan (ISP)</b> ? Yes <input type="checkbox"/> No <input type="checkbox"/><br>(An ISP is for a child with special needs, whose cognitive, physical, social, emotional, or communicative needs, or whose needs relating to overall development, are such nature that additional supports are required for the child.)<br><i><b>If your child requires an ISP, you must complete the Individualized Support Plan Form prior to your child's start date. The plan must be developed in consultation with a parent of the child and any regulated health professional or other person who works with the child in a capacity that would allow the person to help inform the plan.</b></i> |
| Doctor's Name:  | Doctor's Phone:   |
| Doctor's Address:   |   |
| <b>If your child <u>does not</u> attend the school that houses The Learning Centre site at which you are registering, we require an updated copy of your child's immunization record prior to your child's start date.</b>  |   |



# The Learning Centre Registration Form School Year 2024-2025

| PARENT #1 INFORMATION  |                              | PARENT #2 INFORMATION   |         |
|--|------------------------------|---|---------|
| First & Last Name:   |                              | First & Last Name:  |         |
| Relationship to Child:   |                              | Relationship to Child:  |         |
| Home Mailing Address (including postal code & city):   |                              | Home Mailing Address (including postal code & city):  |         |
| Home #:  | Cell #:                      | Home #:   | Cell #: |
| E-mail:  |                              | E-mail:   |         |
| Place of Employment:   |                              | Place of Employment:  |         |
| Work Address (including postal code & city):   |                              | Work Address (including postal code & city):  |         |
| Work #:  | Ext:                         | Work #:   | Ext:    |
| EMERGENCY CONTACT INFORMATION #1   |                              | EMERGENCY CONTACT INFORMATION #2  |         |
| Please indicate below the person whom we can contact in an emergency other than Parent #1 & #2 (listed above)  |                              | Please indicate below the person whom we can contact in an emergency other than Parent #1 & #2 (listed above)                     |         |
| Name:  |                              | Name:   |         |
| Phone #:   |                              | Phone #:  |         |
| Address (including postal code & city):  |                              | Address (including postal code & city):   |         |
| Relationship to Child:   |                              | Relationship to Child:  |         |
| AUTHORIZED TO PICK-UP  |                              | CUSTODY AGREEMENT   |         |
| Please indicate below the persons whom your child can be released to other than Parent #1 & #2 (listed above)<br><small>Personal Identification may be required at pick-up (e.g. driver's license)</small> |                              | Please indicate if you have a custody agreement below<br><i>*Copy of Custody Agreement must be on file for custody situations</i> |         |
| <b>Full Name</b>   | <b>Relationship to Child</b> | <input type="checkbox"/> Yes  |         |
| 1.   |                              |   |         |
| 2.   |                              |   |         |
| 3.   |                              | <input type="checkbox"/> No   |         |



# The Learning Centre Registration Form School Year 2024-2025

## CONSENT FORMS

### Name of Child:

There are various times when pictures of the children will be taken, either by teachers, educators, other parents, or members of the media.

I give **GIAG The Learning Centre** permission to take pictures of my child and use them for program promotion, social media (GIAG Website, Facebook, Instagram, Newspaper...etc.), and various artistic displays around the school.

I **DO NOT** give consent.

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date(m/d/y):** \_\_\_\_\_

I give **GIAG The Learning Centre** permission for my child to receive baked goods / healthy food when a parent or staff member brings them from their home.

I **DO NOT** give consent.

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date(m/d/y):** \_\_\_\_\_

## PARENT CONSENTS REQUIRED FOR REGISTRATION

I, \_\_\_\_\_ certify that I have read, signed, understand the following:

- Registration Forms
- Consent Forms / Parent Consents Required for Registration
- Financial Agreement Form
- Parent Handbook (I agree to comply with the rules & regulations)

### The Learning Centre:

- staff & the **UCDSB / CDSBEO staff** have permission to exchange written &/or verbal educational, health/medical & transportation information about my child.
- staff have permission to apply sunscreen on my child before going outside (when needed), as well as lotion, lip balm, and insect repellent when these products are provided by parents. My child is also permitted to use hand sanitizer when needed.
- staff has permission to take my child on field trips that are within walking distance of The Learning Centre
- staff have permission to provide medical treatment to my child if at any time an accident, illness, or an emergency occurs, and my child needs immediate attention.
- staff/students/volunteers are not held responsible for any accidents which may occur at any time.
- may decline a child due to physical and/or verbal aggression towards The Learning Centre staff and/or other children in the program OR if the safety of the children/others is at risk.
- will apply a late fee charge of \$1 per child for every minute when your child is not picked up after the centre's closing time.
- "Policy & Procedure Manual" is available to me to review prior to my child starting in the program or at any time during my involvement with GIAG The Learning Centre.
- reserves the right to terminate care if parents do not give full disclosure at the time of registration.

I, \_\_\_\_\_, acknowledge that I have read and understand the above information and by signing below I give permission for all the above information.

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date(m/d/y):** \_\_\_\_\_

## OFFICE USE ONLY

**Start Date(m/d/y):**

**End Date(m/d/y):**



**PARENTAL CONSENT FOR THE EXCHANGE OF INFORMATION**  
**(Between a Licensed Day Care Provider and UCDSB School Staff)**

| NAME OF CHILD | DATE OF BIRTH<br>(DD/MM/YY) | GRADE |
|---------------|-----------------------------|-------|
|               |                             |       |
|               |                             |       |
|               |                             |       |

I \_\_\_\_\_ hereby authorize \_\_\_\_\_  
PARENT/GUARDIAN NAME SCHOOL NAME

and \_\_\_\_\_  
DAYCARE PROVIDER

to exchange educational, health/medical and transportation information about my child(ren).

Parent/Guardian Name: \_\_\_\_\_  
PLEASE PRINT

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Childcare Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**This form will cease to be valid on July 1<sup>st</sup> of the school year it was signed or when a child no longer attends the day care in the school.**

*Distribution: Original to School; Copy to Day Care; Copy to Parent*

**Upper Canada District School Board**

225 Central Av W - Brockville, Ontario - K6V 5X1 ● Telephone 613-342-0731 ● Toll Free: 1 800 267 7131

[www.ucdsb.on.ca](http://www.ucdsb.on.ca)



# The Learning Centre School Year 2024-2025

## FINANCIAL AGREEMENT FORM

### MONTHLY FEE AMOUNTS

Monthly fees **do not** include PA days, Christmas Break, and March Break

#### FEEES FOR CHILDREN NOT ELGIBLE FOR CWELCC

| Monthly Plans                                     | Before   | After    | Before & After |
|---|----------|----------|----------------|
| Full Time <b>Monday-Friday</b>                    | \$152.00 | \$152.00 | \$247.00       |
| Scheduled Part Time <b>4/days a week</b>          | \$136.80 | \$136.80 | \$228.00       |
| Scheduled Part Time <b>3/days a week</b>          | \$102.60 | \$102.60 | \$171.00       |
| Scheduled Part Time <b>2/days a week</b>          | \$68.40  | \$68.40  | \$114.00       |
| Scheduled Varied Part Time <b>12/days a month</b> | \$108.00 | \$108.00 | \$180.00       |

#### **CANADA-WIDE EARLY LEARNING & CHILD CARE (CWELCC) PARTICIPATION / ELIGIBILITY**

The Learning Centre is participating in the Canada-Wide Early Learning & Child Care (CWELCC) program.

Eligibility: Any child under six years old; and up until June 30 in a calendar year, any child who:

(a) turns six years old between January 1 and June 30 in that calendar year, and

(b) is enrolled in a licensed child care program, as defined in the Child Care and Early Years Act (CCEYA)

Children who turn 6 after June 30, are eligible until the last day of the month in which the child turns six years old.

Any extra charges are **not covered under the CWELCC program** and are considered non-base fees i.e.: late pick up for child care provided beyond operational hours, non-sufficient fees (NSF), and field trips.

#### **CWELCC BASE FEES FOR ELGIBLE CHILDREN**

| CWELCC Monthly Plans                              | Before   | After    | Before & After  |
|---|----------|----------|-----------------|
| Full Time <b>Monday-Friday</b>                    | \$152.00 | \$152.00 | <b>\$228.00</b> |
| Scheduled Part Time <b>4/days a week</b>          | \$136.80 | \$136.80 | <b>\$182.40</b> |
| Scheduled Part Time <b>3/days a week</b>          | \$102.60 | \$102.60 | <b>\$136.80</b> |
| Scheduled Part Time <b>2/days a week</b>          | \$68.40  | \$68.40  | <b>\$91.20</b>  |
| Scheduled Varied Part Time <b>12/days a month</b> | \$108.00 | \$108.00 | <b>\$144.00</b> |

### PRE-AUTHORIZATION PAYMENT DATES

**Every month on the 21st for the following month. (ALL SITES)**

First pre-authorization date: September 3, 2024, for September 2024

Second pre-authorization date: September 21, 2024, for October 2024

Last pre-authorization date: May 21, 2025, for June 2025



# The Learning Centre School Year 2024-2025

## FINANCIAL AGREEMENT FORM

*\*If you are enrolling more than one child, each child must have their own financial form filled out.*

Name of Child: \_\_\_\_\_

Child's Date of Birth (please print): \_\_\_\_\_

**\*OFFICE USE ONLY\***: CWELLCC Termination Date, if applicable (please print): \_\_\_\_\_

### SELECT TLC SITE ATTENDING

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Bridgewood P.S. (Cornwall) | <input type="checkbox"/> Longue Sault P.S. | <input type="checkbox"/> Rothwell-Osnabruck P.S. (Ingleside) |
| <input type="checkbox"/> Iroquois P.S.              | <input type="checkbox"/> Winchester P.S.   | <input type="checkbox"/> Laggan P.S. (Dalkeith)              |

### SELECT PAYMENT PLAN

#### PLAN #1: Full Time

- Before (\$8/day)  
  After (\$8/day)  
  Before & After (\$13/day)  
  CWELCC B & A (\$12/day)
- 5 days per week x **\$8.00/day** x 38 weeks = \$1,520.00 ÷ 10 months = **\$152.00 / per month**
- 5 days per week x **\$13.00/day** x 38 weeks = \$2,470.00 ÷ 10 months = **\$247.00 / per month**
- 5 days per week x **\$12.00/day (CWELCC)** x 38 weeks = \$2,280.00 ÷ 10 months = **\$228.00 / per month**
- City of Cornwall Fully Subsidized
- City of Cornwall Partially Subsidized – Parent Monthly Portion: \$ \_\_\_\_\_

#### PLAN #2: Scheduled Part Time (Minimum 2 days/week)

- Before (\$9/day)  
  After (\$9/day)  
  Before & After (\$15/day)  
  CWELCC B & A (\$12/day)
- # \_\_\_\_\_ days per week x **\$9.00/day** x 38 weeks = \$ \_\_\_\_\_ ÷ 10 months = **\$ \_\_\_\_\_ / per month**
- # \_\_\_\_\_ days per week x **\$15.00/day** x 38 weeks = \$ \_\_\_\_\_ ÷ 10 months = **\$ \_\_\_\_\_ / per month**
- # \_\_\_\_\_ days per week x **\$12.00/day (CWELCC)** x 38 weeks = \$ \_\_\_\_\_ ÷ 10 months = **\$ \_\_\_\_\_ / per month**
- City of Cornwall Fully Subsidized
- City of Cornwall Partially Subsidized – Parent Monthly Portion: \$ \_\_\_\_\_
- Monday  
  Tuesday  
  Wednesday  
  Thursday  
  Friday

#### PLAN #3: Varied Part Time (Minimum 12 days/month)

- Before (\$9/day)  
  After (\$9/day)  
  Before & After (\$15/day)  
  CWELCC B & A (\$12/day)
- 12 days per month x **\$9.00/day** = **\$108.00 / per month**
- 12 days per month x **\$15.00/day** = **\$180.00 / per month**
- 12 days per month x **\$12.00/day (CWELCC)** = **\$144.00 / per month**
- City of Cornwall Fully Subsidized
- City of Cornwall Partially Subsidized – Parent Monthly Portion: \$ \_\_\_\_\_

**I ACCEPT THIS FINANCIAL AGREEMENT OF THE LEARNING CENTRE AND I AGREE TO PAY THE MONTHLY FEES**

Parent/Guardian Signature: \_\_\_\_\_ Date(m/d/y): \_\_\_\_\_





# The Learning Centre School Year 2024-2025

## IMPORTANT REMINDERS

- ❖ **Absenteeism/Vacation:** You must PAY for the days that the child is scheduled to attend, even if the child is not present during the day. No reimbursement for vacation time is granted. Make up days **are not** offered for children attending The Learning Centre on a scheduled/variad part time basis.
- ❖ **Statutory Holidays:** If your child is scheduled on a public holiday, the parent must pay for the public holiday.
- ❖ **Monthly Fees:** Full time & scheduled/variad part time rates are based on 38 weeks divided by 10 months (Sept 2023 - June 2024). Monthly fees do not include PA Days & March Break Camp.
- ❖ **Late Fees:** If at 6:00pm your child has not been picked up, your emergency contacts will be called to pick them up. **First Time:** A verbal warning plus a charge of \$1.00/per minute/per child. **Second Time:** A written warning plus a charge of \$1.00/per minute/per child. **Third Time:** Termination of child care due to noncompliance with our policies. Late Fees must be paid via e-transfer prior to next day of child care services.
- ❖ **Variad Schedule:** Families who are signed up for scheduled/variad part time are **not guaranteed** a space & must call or e-mail to confirm availability. The variad schedule must be submitted a week in advance in writing to the Site Supervisor. If the schedule is not delivered by the deadline, the child can be refused.
- ❖ **Additional Days:** Part time children who require additional days may request approval from the Site Supervisor and will be required to pay via e-transfer prior to child care services. Additional days are subject to space availability & will be charged at part time rates.
- ❖ **Plan not respected:** If the schedule of the chosen package does not coincide with the agreement at more than a frequency of 2 consecutive months, a new agreement will be required to avoid additional days.
- ❖ **Withdrawal:** Written notice of permanent withdrawal must be given two weeks in advance. **You'll be charged for 2 weeks from the date of the written notice.** If you withdraw your child without giving adequate notice, you will be required to pay the fees for the two weeks from the last day in attendance. You must pay the fees during the two weeks notice even if you leave earlier. If you temporarily withdraw your child from the program, your permanent space cannot be guaranteed. Your child will be placed on a waiting list and every attempt will be made to meet your needs when enrolment permits.
- ❖ **NSF PENALTY:** The Learning Centre reserves the right to render termination of childcare services if monthly payment is not received by the first of every month. As soon as The Learning Centre is notified that a payment has been refused, you will be informed that if the payment is not received prior to the first of the month, child care services will be terminated the first day of the month. If payment is received prior to the first of the month, the fee contract will be re-instated. In addition to non-payment of fees due to insufficient funds, The Learning Centre reserves the right to charge an additional \$20 NSF charge per NSF non-payment of fees.
- ❖ **Emergency Closure:** In the event The Learning Centre must close due to unforeseen circumstances, you will be contacted as soon as possible. Fees for scheduled families will be charged for up to three (3) working days. If the closure requires The Learning Centre to be closed for longer than 3 working days, fees will not be charged after the 3<sup>rd</sup> day. (Unexpected Closure Examples: Flooding, Heating, Electricity, Extreme weather, School board Strike Days, Illness'/Outbreak...etc.) *Note: If the school board closes the school we are obligated to close too.*

**I HAVE READ & UNDERSTOOD THE IMPORTANT POINTS ABOVE.**

Parent/Guardian Signature: \_\_\_\_\_ Date(m/d/y): \_\_\_\_\_

**PAYEE INFORMATION**

**Payee Name:** GLENGARRY INTER-AGENCY GROUP INC.  
**Address:** 580 MAIN ST S P.O. BOX # 430 ALEXANDRIA, ONTARIO K0C 1A0  
**Telephone:** 613-525-1533 ext. 234  
**Fax:** 613-525-4699  
**E-mail:** [ACCOUNTSRECEIVABLE@GIAG.CA](mailto:ACCOUNTSRECEIVABLE@GIAG.CA)



**PAD Agreement (Personal Pre-Authorized Debit) Plan Terms & Conditions**

1. In this Agreement, "I", "me", and "my" refers to each Account Holder who signs below.
2. I agree to participate in the Pre-Authorized Debit Plan for personal/household or consumer purposes.
  - I authorize the Payee mentioned above hereof and any successor or assign of the Payee to draw a debit in paper, electronic or other form for the purpose of making payment for consumer goods or services (a "Personal PAD") on my account hereof (the "Account") at the financial institution indicated on this registration form (the "Financial Institution").
  - I authorize the Financial Institution to honour and pay such debits.
  - This Agreement and my authorization are provided for the benefit of the Payee and my Financial Institution and are provided in consideration of my Financial Institution agreeing to process debits against my Account in accordance with the Rules of the Canadian Payments Association.
  - I agree that any direction I may provide to draw a Personal PAD, and any Personal PAD drawn in accordance with this Agreement, shall be binding on me as if signed by me, and in the case of paper debits, as if they were cheques signed by me.
3. I may revoke or cancel this Agreement at any time upon notice being provided by me either in writing or orally. I acknowledge that in order to revoke or cancel the authorization provided in this Agreement, I must provide notice of revocation or cancellation to the Payee.
  - This Agreement applies only to the method of payment, and I agree that revocation or cancellation of this Agreement does not terminate or otherwise have any bearing on any contract that exists between me and the Payee.
  - The Payee shall use best efforts to cancel the PAD in the next business, billing or processing cycle but shall within not more than 30 days from the notice cease to issue any new PADs.
  - I understand that I may obtain a sample cancellation form, or further information on my right to cancel a PAD Agreement, at my financial institution or at [www.cdnpay.ca](http://www.cdnpay.ca)
4. 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.
5. I agree that delivery of this Agreement to the Payee constitutes delivery by me to my Financial Institution. I agree that the Payee may deliver this Agreement to the Payee's financial institution and agree to the disclosure of any personal information which may be contained in this Agreement to such financial institution.
6. I agree to abide by any modification to the pre-notification requirements as agreed to with the Payee.
7. I agree that with respect to Personal PADs, where the payment frequency is sporadic, a password or secret code or other signature equivalent will be issued and shall constitute valid authorization for the Payee or its agent to debit my account.
8. I certify that all information provided with respect to the Account is accurate and I agree to inform the Payee, in writing, of any change in the Account information provided in this Agreement at least ten (10) business days prior to the next due date of a Personal PAD. In the event of any such change, this Agreement shall continue in respect of any new account to be used for Personal PADs.
9. I understand that I have certain recourse/reimbursement 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 not consistent with this PAD Agreement. I understand that I may obtain more information on my recourse/reimbursement rights by contacting my financial institution or visit the CPA website at [www.cdnpay.ca](http://www.cdnpay.ca)
10. I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Agreement. In addition, I warrant and guarantee, where applicable, that I have the authority to electronically agree to commit to this Agreement by secure electronic signature and that secure electronic signature conforms to the requirements of RuleH1.
11. I agree that a payment service provider will administer the PAD.
12. I understand and agree to the foregoing terms and conditions.
13. I agree to comply with the Rules of the Canadian Payments Association or any other rules or regulations which may affect the services described herein, as may be introduced in the future or are currently in effect and I agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described herein.

\_\_\_\_\_  
Name of Account Holder

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Account Holder

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## INDIVIDUALIZED PLAN AND EMERGENCY PROCEDURES FOR A CHILD WITH AN ANAPHYLACTIC ALLERGY

**Child's Name:** [Click here to enter text.](#)

**Child's Date of Birth** (dd/mm/yyyy): [Click here to enter text.](#)

**List of allergen(s)/causative agent(s):**

- [Click here to enter text.](#)

**Asthma:**  Yes (higher risk of severe reaction)       No

**Location of medication storage:** [Click here to enter text.](#)

**Epinephrine auto-injector brand name:** [Click here to enter text.](#)

**Epinephrine auto-injector expiry date** (dd/mm/yyyy): [Click here to enter text.](#)

**Other emergency medications\*:** [Click here to enter text.](#)

**Emergency Services Contact Number:** [Click here to enter text.](#)

Photo of Child  
(recommended)

|  |   |
|--|---|
| <p><b>CHILD'S SPECIFIC SIGNS AND SYMPTOMS OF A NON-LIFE THREATENING ANAPHYLACTIC REACTION:</b> <i>(specific to the child, e.g. wheezing and itchy skin)</i></p> <p><a href="#">Click here to enter text.</a></p> | <p><b>CHILD'S SPECIFIC SIGNS AND SYMPTOMS OF A LIFE THREATENING ANAPHYLACTIC REACTION:</b> <i>(specific to the child, e.g. inability to breathe, sweating)</i></p> <p><a href="#">Click here to enter text.</a></p> |
| <p><b>DESCRIPTION OF PROCEDURE TO FOLLOW IF CHILD HAS A NON-LIFE THREATENING ANAPHYLACTIC REACTION:</b></p> <p><a href="#">Click here to enter text.</a></p>   | <p><b>DESCRIPTION OF PROCEDURE TO FOLLOW IF CHILD HAS A LIFE-THREATENING ANAPHYLACTIC REACTION:</b></p> <p><a href="#">Click here to enter text.</a></p>  |
| <p><b>STEPS TO REDUCE RISK OF EXPOSURE TO CAUSATIVE AGENT/ALLERGEN:</b> <i>(e.g. nut-free environment)</i></p> <p><a href="#">Click here to enter text.</a></p>  |   |
| <p><b>ADDITIONAL NOTES (if applicable):</b> <i>(e.g. use of other emergency allergy medication(s) to implement the emergency procedures)</i></p> <p><a href="#">Click here to enter text.</a></p>                |   |

Special Instructions:

- \*Written parental authorization for the administration of drugs and medications must be completed and implemented for medications other than epinephrine auto-injectors.
- Each child with an anaphylactic allergy requires their own individualized plan. If significant changes and updates are required to this individualized plan, a new individualized plan must be completed.
- Children's personal health information should be kept confidential.

## Parental Statement

I [Click here to enter text.](#) (parent/guardian) hereby give consent for my child

[Click here to enter text.](#)(child's name) to (check all that apply):

carry their emergency allergy medication in the following location (e.g. blue fanny pack around their waist):

[Click here to enter text.](#)

self-administer their own medication in the event of an anaphylactic reaction

### AND/OR

I [Click here to enter text.](#) (parent/guardian) hereby give consent to any person with training on this plan at the home child care premises to administer my child's epinephrine auto-injector and/or asthma medication and to follow the procedures set out in my child's Individualized Anaphylaxis Plan and Emergency Procedures.

Parent/Guardian initials: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

| Contact Name                              | Relationship to Child                     | Primary Phone Number                      | Additional Phone Number                   |
|---|---|---|---|
| <a href="#">Click here to enter text.</a> | <a href="#">Click here to enter text.</a> | <a href="#">Click here to enter text.</a> | <a href="#">Click here to enter text.</a> |
| <a href="#">Click here to enter text.</a> | <a href="#">Click here to enter text.</a> | <a href="#">Click here to enter text.</a> | <a href="#">Click here to enter text.</a> |

## HEALTHCARE PROFESSIONAL CONTACT INFORMATION: (optional)

| Contact Name                              | Primary Contact Number                    |
|---|---|
| <a href="#">Click here to enter text.</a> | <a href="#">Click here to enter text.</a> |

## SIGNATURE OF HEALTHCARE PROFESSIONAL (optional)

|   |  |
|---|--|
| X | Date:<br><a href="#">Click here to enter text.</a> |
|---|--|

## SIGNATURE OF PARENT/GUARDIAN (required)

|             |   |
|-------------|---|
| Print name: | Relationship to Child:<br><a href="#">Click here to enter text.</a> |
| X           | Date:<br><a href="#">Click here to enter text.</a>                  |

### Special Instructions:

- \*Written parental authorization for the administration of drugs and medications must be completed and implemented for medications other than epinephrine auto-injectors.
- Each child with an anaphylactic allergy requires their own individualized plan. If significant changes and updates are required to this individualized plan, a new individualized plan must be completed.
- Children's personal health information should be kept confidential.

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Special Instructions:

- \*Written parental authorization for the administration of drugs and medications must be completed and implemented for medications other than epinephrine auto-injectors.
- Each child with an anaphylactic allergy requires their own individualized plan. If significant changes and updates are required to this individualized plan, a new individualized plan must be completed.
- Children's personal health information should be kept confidential.

## AUTHORIZATION FOR DRUG/MEDICATION ADMINISTRATION

**The Learning Centre – Site:** \_\_\_\_\_

*This form must be completed by the parent of a child who is requesting that a drug or medication be administered during hours that the child receives child care, in accordance with the child care centre's medication administration policy and procedures.*

---

**Child's Full Name:**

**Child's Date of Birth (dd/mm/yyyy):**

**Date Authorization Form Completed (dd/mm/yyyy):**

**Date Authorization Form Updated (dd/mm/yyyy):**

|   |  |
|---|--|
| <b>Name of Drug or Medication</b><br>(as per the original container label): |  |
| <b>Date of Purchase or Date Dispensed: (dd/mm/yyyy)</b>                     |  |
| <b>Expiry Date: (dd/mm/yyyy)</b>  |  |
| <b>Authorization Start Date: (dd/mm/yyyy)</b>                               |  |
| <b>Authorization End Date: (dd/mm/yyyy or ongoing)</b>                      |  |

### Method of Medication Administration (initial beside)

- Child care centre staff are to administer the drug or medication to my child. \_\_\_\_\_
- My child will self-administer the drug or medication (optional, for children who attend school only). \_\_\_\_\_

### Authorization for Child to Carry Emergency Allergy Medication

- I authorize my child to carry their own asthma medication.
- Not applicable (this authorization is not for asthma medication).

### Medication Administration Schedule

- The drug or medication needs to be administered according to the following schedule:

| Day(s) of the Week | Time(s) of the Day / Intervals | Amount/Dosage | Additional Information (where applicable) |
|--------------------|--------------------------------|---------------|---|
|                    |                                |               |   |

Special Instructions:

- This form is required for over-the-counter and prescription medications. For non-prescription skin products, the Authorization to Administer Non-Prescription Skin Products form must be completed.
- A separate form should be completed for each drug or medication that a child requires.
- Children's personal health information should be kept confidential.

**AND/OR, where drugs are to be administered on an 'as needed' basis:**

The drug or medication needs to be administered when the following physical symptoms are observed:

Amount/Dosage:

**Parent/Guardian Authorization Statement:**

I hereby authorize the person in charge of drugs or medications at The Learning Centre to administer the above-named drug or medication to my child and handle the drug or medication in accordance with the procedures I have provided on this form.

I understand that expired drugs or medications will not be administered to my child at any time in accordance with the child care centre's medication administration policy.

I understand that staff at The Learning Centre are not medically trained to administer drugs and medications.

|                    |                                  |
|--------------------|----------------------------------|
| <b>Print name:</b> | <b>Relationship to Child:</b>    |
| <b>Signature:</b>  | <b>Date Signed:</b> (dd/mm/yyyy) |

**Received By:**

|                    |                                   |
|--------------------|-----------------------------------|
| <b>Print name:</b> | <b>Role at Child Care Centre:</b> |
| <b>Signature:</b>  | <b>Date Signed:</b> (dd/mm/yyyy)  |

**For Child Care Centre Use Only**

**Location medication will be stored:**

For Office Use Only

**Date Drugs/Medication Returned to Parent / Pharmacy (dd/mm/yyyy):**

Special Instructions:

- This form is required for over-the-counter and prescription medications. For non-prescription skin products, the Authorization to Administer Non-Prescription Skin Products form must be completed.
- A separate form should be completed for each drug or medication that a child requires.
- Children's personal health information should be kept confidential.

## INDIVIDUALIZED PLAN FOR A CHILD WITH MEDICAL NEEDS

This form must be completed for a child who has one or more acute\* or chronic\*\* medical conditions such that he or she requires additional supports, accommodation or assistance.

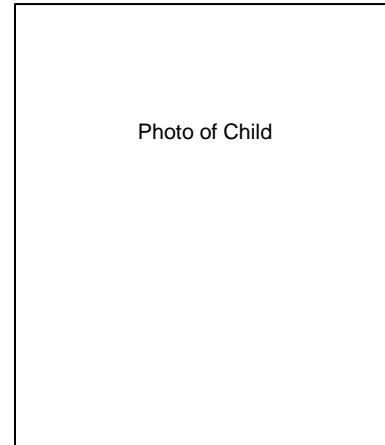
Child's Full Name: \_\_\_\_\_

Child's Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Date Individualized Plan Completed: \_\_\_\_\_

### Medical Condition(s):

- Diabetes                       Asthma
- Seizure                         Other: \_\_\_\_\_



### Prevention and Supports

**STEPS TO REDUCE THE RISK OF CAUSING OR WORSENING THE MEDICAL CONDITION(S):** [Include how to prevent an allergic reaction/other medical emergency; how not to aggravate the medical condition (e.g. Pureeing food to minimize choking)]

**LIST OF MEDICAL DEVICES AND HOW TO USE THEM** (if applicable): (e.g. feeding tube, stoma, glucose monitor, etc.; or not applicable (N/A))

**LOCATION OF MEDICATION AND/OR MEDICAL DEVICE(S)** (if applicable): (e.g. glucose monitor is stored on the second shelf in the program room storage closet; or not applicable (N/A))

**SUPPORTS AVAILABLE TO THE CHILD** (if applicable): (e.g. nurse or trained staff to assist with feeding and/or disposing and changing of stoma bag; or not applicable (N/A))

### Special Instructions:

- \*Acute: a condition that is severe and sudden in onset that, if left untreated, could lead to a chronic syndrome.
- \*\*Chronic: a long-developing syndrome that can develop or worsen over an extended period of time.
- Each child with medical needs requires their own individualized plan. If significant changes and updates are required to this individualized plan, a new individualized plan must be completed.
- An additional individualized plan is not required for a child with an anaphylactic allergy, if the child does not otherwise have a medical need, as these children must already have an individualized plan under the anaphylactic policy.
- Children's personal health information should be kept confidential.



## Symptoms and Emergency Procedures

**SIGNS AND SYMPTOMS OF AN ALLERGIC REACTION OR OTHER MEDICAL EMERGENCY:** *[include observable physical reactions that indicate the child may need support or assistance (e.g. hives, shortness of breath, bleeding, foaming at the mouth)]*

**PROCEDURE TO FOLLOW IF CHILD HAS AN ALLERGIC REACTION OR OTHER MEDICAL EMERGENCY:** *[Include steps (e.g. Administer 2 puffs of corticosteroids; wait and observe the child's condition; contact emergency services/parent or guardian, parent/guardian/emergency contact information; etc.)]*

**PROCEDURES TO FOLLOW DURING AN EVACUATION:** *(e.g. ice packs for medication and items that require refrigeration; how to assist the child to evacuate)*

**PROCEDURES TO FOLLOW DURING FIELD TRIPS:** *(e.g. how to plan for off-site excursion; how to assist and care for the child during a field trip)*

### Additional Information Related to the Medical Condition (if applicable):

This plan has been created in consultation with the child's parent / guardian.

### Parent/Guardian Signature:

|                    |                               |
|--------------------|-------------------------------|
| <b>Print name:</b> | <b>Relationship to child:</b> |
| <b>Signature:</b>  | <b>Date:</b> (dd/mm/yyyy)     |

### Special Instructions:

- \*Acute: a condition that is severe and sudden in onset that, if left untreated, could lead to a chronic syndrome.
- \*\*Chronic: a long-developing syndrome that can develop or worsen over an extended period of time.
- Each child with medical needs requires their own individualized plan. If significant changes and updates are required to this individualized plan, a new individualized plan must be completed.
- An additional individualized plan is not required for a child with an anaphylactic allergy, if the child does not otherwise have a medical need, as these children must already have an individualized plan under the anaphylactic policy.
- Children's personal health information should be kept confidential.

## INDIVIDUALIZED SUPPORT PLAN (ISP) FOR A CHILD WITH SPECIAL NEEDS

This form must be completed for a child whose cognitive, physical, social, emotional or communicative needs, or whose needs relating to overall development, are of such a nature that additional supports are required for the child. The plan must be developed in consultation with a parent of the child, the child (if appropriate for the child's age) and any regulated health professional or other person who works with the child in a capacity that would allow the person to help inform the plan.

---

Photo of Child  
(Recommended)

**Child's Full Legal Name:** [Click here to enter text.](#)

---

**Child's Date of Birth**

---

**Date ISP Completed:** [Click here to enter text.](#)

---

**Date ISP Updated:** dd/mm/yyyy

---

### Individualized Support Plan

**1) HOW THE CHILD CARE PROGRAM WILL SUPPORT THE CHILD TO FUNCTION AND PARTICIPATE IN A MEANINGFUL AND PURPOSEFUL MANNER WHILE RECEIVING CHILD CARE:** *(e.g. collaborating with resource consultants and other specialists, providing flexibility in programming, additional staff where applicable, etc.)*

**2A) DESCRIPTION OF SUPPORTS, AIDS, ADAPTATIONS AND/OR OTHER MODIFICATIONS TO THE PHYSICAL ENVIRONMENT** (if applicable): *(e.g. specialized/modified furniture, rearranging layout, lowering coat hooks, reducing extraneous noise, etc.; or not applicable (N/A))*

**2B) INSTRUCTIONS RELATING TO THE CHILD'S USE OF/INTERACTION WITH SUPPORTS OR AIDS OR THE ADAPTED/MODIFIED PHYSICAL ENVIRONMENT** (if applicable): *(e.g. child will sit on specific furniture during floor activities, staff/provider will assist child with mobility during transitions, etc.; or not applicable (N/A))*

**3A) DESCRIPTION OF SUPPORTS OR AIDS, ADAPTATIONS OR OTHER MODIFICATIONS TO THE SOCIAL ENVIRONMENT** (if applicable): *(e.g. consistent routine in daily schedule with/without visual aids, making available toys/games that promote sharing, turn taking, and cooperation, modeling greetings and turn taking with other adults and children, pairing a child with special needs with a child with strong social skills; or not applicable (N/A))*

**3B) INSTRUCTIONS RELATING TO THE CHILD’S USE OF/INTERACTION WITH SUPPORTS OR AIDS OR THE ADAPTED/MODIFIED SOCIAL ENVIRONMENT** (if applicable): *(e.g.; eye contact with the child, , etc.; or not applicable (N/A))*

Click here to enter text.

**4A) DESCRIPTION OF SUPPORTS OR AIDS, OR ADAPTATIONS OR OTHER MODIFICATIONS TO THE LEARNING ENVIRONMENT** (if applicable): *(e.g. use of pictorials to engage child during learning activities, providing braille reading materials, providing the child with additional time to complete activities, simplifying language around vocabulary, instructions etc.; or not applicable (N/A))*

Click here to enter text.

**4B) INSTRUCTIONS RELATING TO THE CHILD’S USE OF/INTERACTION WITH SUPPORTS OR AIDS OR THE ADAPTED/MODIFIED LEARNING ENVIRONMENT** (if applicable): *(e.g. providing sensory bag during programming, handles and grasping aid use to support use of play materials, interaction with a professional resource consultant, ; or not applicable (N/A))*

Click here to enter text.

**Additional Information (if applicable):**

Click here to enter text.

**Confirmation:**

This plan has been created in consultation with the parent of the child, as defined in section 2(1) of the *Child Care and Early Years Act, 2014*.

This plan has been created in consultation with a regulated health professional or other person who works with the child in a capacity that would allow the person to help inform the plan (where applicable).

This plan has been created in consultation with the child (where appropriate for the child’s age).

**Parent Signature (optional):**

**Print full legal name:** Click here to enter text.

**Relationship to child:** Click here to enter text.

**Signature:**

**Date:** dd/mm/yyyy

The following individuals participated in the development of this individual plan (optional):

| First and Last Name       | Position/Role             | Signature |
|---------------------------|---------------------------|-----------|
| Click here to enter text. | Click here to enter text. |           |

## Notes:

- It is recommended that information be included in the ISP about the procedure to follow in case of evacuation and/or for the child's participation in activities off the premises (where applicable).
- Supplemental documents may be included with this form (e.g. additional individualized plan developed by a resource consultant).
- Sensitive or confidential medical information should not be included in the plan, unless consent, in writing, has been given by the parent.
- Licensees are required to maintain the confidentiality of a child's medical history including diagnosis. Sensitive or confidential medical information and detailed reports from medical professionals should not be included in the plan unless consent, in writing, has been given by the parent.

**Regulatory Requirement - Ontario Regulation 137/15:****Individualized support plan**

52. (1) Every licensee shall ensure that an up-to-date individualized support plan is in place for each child with special needs who receives child care at a child care centre it operates or premises where it oversees the provision of home child care, and that the plan includes,

(a) a description of how the child care centre or the home child care provider will support the child to function and participate in a meaningful and purposeful manner while the child is in the care of the centre or provider;

(b) a description of any supports or aids, or adaptations or other modifications to the physical, social and learning environment that are necessary to achieve clause (a); and

(c) instructions relating to the child's use of the supports or aids referred to in clause (b) or, if necessary, the child's use of or interaction with the adapted or modified environment.

(2) The plan referred to in subsection (1) must be developed in consultation with a parent of the child, the child (if appropriate for the child's age) and any regulated health professional or other person who works with the child in a capacity that would allow the person to help inform the plan.

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