

2018/19 Pre-Primary Before and After School Pilot Program – Brookhouse Elementary Application Form
 EXCEL, 25 Alfred Street, Dartmouth, NS B3A 4E8

Instructions:

1. Print legibly in black or blue ink only
2. Please scan and return completed application via email to jturple@hrce.ca

Cost-Share Application

Desired starting date in Program (program begins February 2019): _____

1. **CHILD'S NAME** (first) _____ (last) _____

Date of Birth: _____ (month/day/year) Male Female

Does this child have any allergies? Yes No If Yes, please identify: _____

Does this child have any medical concerns? Yes No If Yes, please identify: _____

Does this child have any special needs or require additional supports/assistance that we should be aware of? Yes No If Yes, please identify: _____

Below, please indicate the program you wish to register for (check all that apply):

BEFORE SCHOOL **AFTER SCHOOL**

2. **CHILD'S NAME** (first) _____ (last) _____

Date of Birth: _____ (month/day/year) Male Female

Does this child have any allergies? Yes No If Yes, please identify: _____

Does this child have any medical concerns? Yes No If Yes, please identify: _____

Does this child have any special needs or require additional supports/assistance that we should be aware of? Yes No If Yes, please identify: _____

Below, please indicate the program you wish to register for (check all that apply):

BEFORE SCHOOL **AFTER SCHOOL**

3. **CHILD'S NAME** (first) _____ (last) _____

Date of Birth: _____ (month/day/year) Male Female

Does this child have any allergies? Yes No If Yes, please identify: _____

Does this child have any medical concerns? Yes No If Yes, please identify: _____

Does this child have any special needs or require additional supports/assistance that we should be aware of? Yes No If Yes, please identify: _____

Below, please indicate the program you wish to register for (check all that apply):

BEFORE SCHOOL **AFTER SCHOOL**

PARENT/GUARDIAN INFORMATION: (The individual listed below as the Account Holder/Legal Guardian#1 is the individual that will receive the Income Tax Receipt for fees paid.)

ACCOUNT HOLDER/
LEGAL GUARDIAN#1 (first) _____ (last) _____

LEGAL GUARDIAN#2 (first) _____ (last) _____

Phone Numbers: (Home) (____) _____

Phone Numbers: (Home) (____) _____

(Work) (____) _____ ext. _____ (Cell) (____) _____

(Work) (____) _____ ext. _____ (Cell) (____) _____

Mailing Address: _____

Mailing Address: _____

City: _____ Postal Code: _____

City: _____ Postal Code: _____

Employer: _____

Employer: _____

Account Holder

Legal Guardian#2

Email Address: _____

Email Address: _____

**Note – this email address will be used for electronic issuance of Income Tax Receipts for 2018/ 2019 program fees. Account Holder is to advise of changes in email addresses.*

***Please contact jturple@hrce.ca should we need to be made aware of specific custody issues.**

EMERGENCY contacts - I/we authorize the following individuals to pick up my child(ren) and/or act as emergency contacts when a parent/guardian is unavailable:

Please do not list individuals already identified above in Parent/Guardian #1 or #2.

1. NAME	(first)	(last)	(____) _____ Work/Home Phone	(____) _____ Cell Phone	Relationship to Child(ren)	Is this individual under 19 yrs/age? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. NAME	(first)	(last)	(____) _____ Work/Home Phone	(____) _____ Cell Phone	Relationship to Child(ren)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. NAME	(first)	(last)	(____) _____ Work/Home Phone	(____) _____ Cell Phone	Relationship to Child(ren)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. NAME	(first)	(last)	(____) _____ Work/Home Phone	(____) _____ Cell Phone	Relationship to Child(re)	<input type="checkbox"/> Yes <input type="checkbox"/> No

ACCOUNT HOLDER: _____ (Please identify the parent/guardian name for Income Tax receipt issuance.)

If the above Account Holder will be cost-sharing the program fees with another individual, please indicate:

Name of that individual: _____ Phone #: () _____ Email: _____

Please identify the cost-share arrangement: Account Holder #1 (name) _____ % _____ Account Holder #2 (name) _____ % _____

Please provide any further clarification regarding the cost-share arrangements: _____

*Additional Account Holders are required to submit a second application confirming details and consent. Application fees are applicable. The creation of multiple accounts enables each Account Holder to receive individual Income Tax receipts.

PAYMENT METHOD OPTIONS:

HRCE wants to protect the security and privacy of the financial information of clients. Please do not include financial information on this form. Account Holders will be contacted upon acceptance to the program for financial information. Please identify below your preferred method of payment ONLY:

- I authorize HRCE to utilize the following method of payment method: Visa MasterCard Preauthorized Payment
- POST-DATED CHEQUES: I will mail or bring to the EXCEL office, 5 post-dated cheques dated for the 20th of each month from Jan. 20th/19 –May 20th/19 including the child's name on the front of each cheque. Cheques are to be made payable to **EXCEL/ HRCE**. Cheques must be received no later than Monday, Jan. 14th, 2019 for application processing.
- Payments will be made by DEPARTMENT OF COMMUNITY SERVICES on behalf of the Parent/Guardian.
- Note: Written confirmation of acceptance of financial responsibility by your Community Services representative MUST accompany this form. It is the parent/guardian's responsibility to obtain this written confirmation for inclusion with this form.**

PROGRAM & APPLICATION INFORMATION:

- Applications will only be accepted for those students registered for the Pre-Primary Program at Brookhouse Elementary.
- The \$36.00 application fee will be processed upon acceptance to the program and applicants agree that the application fee is non-refundable.
- Applications that are accepted for participation will be contacted by an EXCEL registrar to obtain financial information by phone. Please do not submit such by email or fax.
- All PAP and Credit Card transactions for all programs are processed monthly on the 20th of each month, beginning January 20th, 2019 for 5 consecutive months (ending on May 20th, 2019).
- Account holders authorizing EXCEL/HRCE (hereinafter called the "Payee") to debit an account under the Pre-Authorized Payment Plan authorizes their named institution to pay and to debit the account provided to the Payee and drawn on said account by a bank acting in the name of the Payee. The amount authorized by this monthly transaction, and other related program fees, are identified in the 2018/2019 EXCEL Parent Handbook based on the participation level. Any cheque, payment order or request whatsoever thus drawn by the Payee's bank shall be considered as having been signed by the undersigned. The authorization can be revoked at any time by written notification to the Payee at the address presented on this application, subject to providing notice of 30 days. You [or I/We depending on the context] have certain recourse rights if any debit does not comply with this agreement. For example you [I/We] have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD (personal usage) Agreement. To obtain more information on your [my/our] recourse rights, [I/We] may contact your financial institution or visit www.cdnpay.ca.
- Applications may be scanned/mailed to jturple@hrce.ca or faxed to (902) 464-2074. We recommend that you retain your fax confirmation page with transmission dates and times identified should you fax your application form.
- Students may not begin attending the program until either written/email/verbal confirmation of acceptance has been received from the EXCEL administration office.
- Parents/guardians are required to contact our EXCEL office to notify of changes to emergency contacts, mailing addresses, email addresses, phone numbers, credit card expiry dates, methods of payment etc. Please do not forward payment information by email.
- Two (2) weeks' notice is required to withdraw or change your program registration. You will be billed for time where required notice was not provided to an EXCEL registrar.

I understand the program and application conditions stated above and agree to abide by them.

Signed: _____

Date: _____

For Office completion only:

EZ-Care:
Date entered: _____
Entered by: _____

Amount: \$36.00
Trans. date: _____
of recurring: 1 time only
Entered by: _____
Date entered: _____

Amount: _____
Start date: 01/20/2019
End date: 05/20/2019
of recurring: 5
Entered by: _____
Date entered: _____

Amount: _____
Start date: _____
End date: _____
of recurring: _____
Entered by: _____
Date entered: _____