

## **Parent Checklist:**

\*All cheques payable to “McLeod Nursery School”

\*Cheques dated “today” unless otherwise specified.

EFT to [bookkeeper@mcleodnurseryschool.com](mailto:bookkeeper@mcleodnurseryschool.com)

- Double check that all fields have been completed?
- Agreement form is read and signed
- Pre-Authorized Debit form completed in full
- Void Cheque or Bank Direct Deposit Slip provided?
- \$50 Registration Fee is provided
- \$125 Volunteer Fee is provided
  - All families of children attending our program are required to volunteer once in the school year. After volunteering, the \$125 is refunded to you – either in January or June.
  - If you are unable to volunteer, McLeod Nursery School will keep the \$125 fee.
  - Please select on the registration form if you are choosing to volunteer or to opt out of volunteering.
  - If you are applying for subsidy or have income limitations, some exceptions may be made, such as providing a post-dated volunteer bond cheque, which would be returned to you once you volunteer.

Please indicate which class you are enrolling in:

- Monday/Wednesday/Friday morning class (\$60/month)
- Monday/Wednesday/Friday afternoon class (\$60/month)
- Monday/Tuesday/Wednesday/Thursday/Friday morning class (\$100/month)
- Tuesday/Thursday morning class (\$40/month)

# McLeod Nursery School Registration Form 2025/2026

**I AM REGISTERING FOR:**

- [MONDAY, WEDNESDAY AND FRIDAY MORNINGS, 9:00AM TO 11:30AM]
- [MONDAY, WEDNESDAY AND FRIDAY AFTERNOONS, 12:45PM TO 3:15PM]
- [TUESDAY AND THURSDAY MORNINGS, 9:00AM - 11:30AM]
- [MONDAY, TUESDAY, WEDNESDAY, THURSDAY, FRIDAY MORNINGS, 9:00AM - 11:30AM]

**I UNDERSTAND THAT MY SPACE OF CHOICE WILL ONLY BE SECURED UPON COMPLETION OF THIS REGISTRATION FORM AND ACCOMPANIED BY ALL REGISTRATION FEES AND VOLUNTEER FEES.**

| CHILD INFORMATION | MEDICAL INFORMATION |
|-------------------|---------------------|
|-------------------|---------------------|

CHILD'S FULL NAME: \_\_\_\_\_  
[CIRCLE OR ADD COMMONLY USED NAME]

MALE  FEMALE

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

CHILD'S FIRST LANGUAGE: \_\_\_\_\_

OTHER LANGUAGES SPOKEN: \_\_\_\_\_

CHILD RESIDES WITH: \_\_\_\_\_

CHILD'S SIBLINGS[INCLUDE AGES]: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

MANITOBA HEALTH NUMBER: \_ \_ \_ \_ \_

CHILD'S PERSONAL NUMBER: \_ \_ \_ \_ \_

DOCTOR'S NAME: \_\_\_\_\_

DOCTOR'S PHONE NUMBER: (        ) \_\_\_\_\_

DOCTOR'S ADDRESS: \_\_\_\_\_

\_\_\_\_\_

| DESCRIBE ALL MEDICAL OR DEVELOPMENTAL CONDITIONS RELEVANT TO THE CARE OF YOUR CHILD |
|---|
|---|

LIST ALL ALLERGIES: \_\_\_\_\_  
 \_\_\_\_\_  
[FOOD, MEDICATION, ANIMALS, ETC.]

DOES YOUR CHILD REQUIRE AN EPIPEN? YES  NO

WHICH ALLERGIES ARE LIFE-THREATENING? (ANAPHYLAXIS)  
 \_\_\_\_\_  
 \_\_\_\_\_

DOES YOUR CHILD HAVE ASTHMA? YES  NO

DOES YOUR CHILD REQUIRE AN INHALER? YES  NO

DOES YOUR CHILD HAVE SEIZURE DISORDER? YES  NO

OTHER MEDICAL CONDITIONS: \_\_\_\_\_

Is there any other information not listed in this registration form that you feel would benefit us knowing to help better support your child?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I understand that my child is ready for nursery school if they can participate without a parent present, follow instructions and adjust to changes in routine.

DO YOU HAVE ANY CONCERNS REGARDING YOUR CHILD'S ABILITY TO PARTICIPATE IN NURSERY SCHOOL INDEPENDENTLY? Please check all that apply:

Separation anxiety \_\_\_\_ Fears \_\_\_\_ Speech \_\_\_\_ Aggression \_\_\_\_  
 Physical development \_\_\_\_ Hearing \_\_\_\_ Developmental delays \_\_\_\_  
 Other \_\_\_\_\_

DOES YOUR CHILD HAVE A CURRENT OR PENDING DEVELOPMENTAL DIAGNOSIS [BEHAVIOURAL, PHYSICAL, EMOTIONAL, SPEECH, COGNITIVE]? PLEASE EXPLAIN  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# McLeod Nursery School Registration Form 2025/2026

| PARENT/GUARDIAN  | PARENT/GUARDIAN  |
|--|--|
| NAME: _____<br>RELATIONSHIP TO CHILD: _____  | NAME: _____<br>RELATIONSHIP TO CHILD: _____  |
| HOME ADDRESS: _____<br>CITY: _____ POSTAL CODE: _____                                | HOME ADDRESS: _____<br>CITY: _____ POSTAL CODE: _____                                |
| PHONE: _____<br>EMAIL: _____   | PHONE: _____<br>EMAIL: _____   |
| WORK/SCHOOL NAME: _____<br>WORK/SCHOOL ADDRESS: _____<br>WORK/SCHOOL PHONE: _____    | WORK/SCHOOL NAME: _____<br>WORK/SCHOOL ADDRESS: _____<br>WORK/SCHOOL PHONE: _____    |
| HAS LEGAL CUSTODY OF CHILD. YES <input type="checkbox"/> NO <input type="checkbox"/> | HAS LEGAL CUSTODY OF CHILD. YES <input type="checkbox"/> NO <input type="checkbox"/> |

**OFFICE USE ONLY**

|   |             |
|---|-------------|
| COMPLETED REGISTRATION RECEIVED BY: _____ | DATE: _____ |
|---|-------------|

**EMERGENCY CONTACTS**  
(These **MUST** be someone other than the parents)

**DESIGNATE 2 ADULTS THAT WE CAN CONTACT AND RELEASE YOUR CHILD TO IN CASE OF ILLNESS/EMERGENCY IF YOU ARE UNAVAILABLE**

|   |   |
|---|---|
| NAME: _____<br>RELATIONSHIP TO CHILD: _____                                       | NAME: _____<br>RELATIONSHIP TO CHILD: _____                                       |
| HOME ADDRESS: _____<br>CITY: _____  | HOME ADDRESS: _____<br>CITY: _____  |
| PHONE: _____<br>EMAIL: _____  | PHONE: _____<br>EMAIL: _____  |
| WORK/SCHOOL NAME: _____<br>WORK/SCHOOL ADDRESS: _____<br>WORK/SCHOOL PHONE: _____ | WORK/SCHOOL NAME: _____<br>WORK/SCHOOL ADDRESS: _____<br>WORK/SCHOOL PHONE: _____ |

**LIST ALL PEOPLE THAT ARE AUTHORIZED TO PICK UP YOUR CHILD FROM NURSERY SCHOOL**

| <u>NAME</u> | <u>RELATIONSHIP TO CHILD</u> |
|-------------|------------------------------|
|             | <b>MOTHER</b>                |
|             | <b>FATHER</b>                |
|             |                              |
|             |                              |
|             |                              |
|             |                              |

# McLeod Nursery School Registration Form 2025/2026

YOUR CHILD WILL NOT BE RELEASED TO ANYONE THAT IS NOT ON THE LIST. YOU MAY ADD OR DELETE NAMES AS NECESSARY THROUGHOUT THE SCHOOL YEAR. INDIVIDUALS PICKING UP YOUR CHILD MUST PROVIDE A PHOTO ID.

PLEASE NOTE THAT IF MOTHER OR FATHER ARE NOT AUTHORIZED TO PICK UP CHILD THEN A COPY OF THE CUSTODY ARRANGEMENT MUST ACCOMPANY THIS FORM.

## GENERAL INFORMATION

PLEASE INDICATE THE PHONE NUMBER AND EMAIL ADDRESS TO BE USED FOR ALL CORRESPONDENCE THROUGHOUT THE SCHOOL YEAR:

CONTACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PRIMARY PERSON TO CALL IN CASE OF ILLNESS/EMERGENCY DURING THE HOURS YOUR CHILD WILL BE IN SCHOOL

CONTACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

# McLeod Nursery School Registration Form 2025/2026

| PARENT/GUARDIAN AGREEMENT FORM   | CHECK<br>✓               |
|--|--------------------------|
| 1. I UNDERSTAND THAT MY SPACE OF CHOICE WILL <b>ONLY</b> BE SECURED UPON COMPLETION OF THIS REGISTRATION FORM <b>AND</b> ACCOMPANIED BY <b>ALL</b> REGISTRATION FEES <b>AND</b> VOLUNTEER FEES.  | <input type="checkbox"/> |
| 2. I UNDERSTAND THAT THE FEES DUE TODAY INCLUDE:<br><br><b>A. REGISTRATION/MEMBERSHIP FEES - \$50.00 (PER ENROLLED CHILD)</b><br>MEMBERSHIP IS REQUIRED AND ENTITLES YOU TO PARTICIPATE IN THE BUSINESS OF THE ORGANIZATION BY ATTENDING GENERAL MEETINGS AND BEING ALLOWED ONE VOTE PER MEMBERSHIP. THESE FEES ARE NON-REFUNDABLE 30 DAYS AFTER REGISTRATION.   | <input type="checkbox"/> |
| <b>B. VOLUNTEER FEES - \$125.00 (PER ENROLLED CHILD)</b><br><br>I UNDERSTAND THAT MCLEOD NURSERY SCHOOL IS A CO-OP NURSERY SCHOOL, MEANING THAT I MUST VOLUNTEER IN SOME CAPACITY ON A COMMITTEE.  | <input type="checkbox"/> |
| I UNDERSTAND THAT I WILL BE GIVEN THE OPPORTUNITY TO SIGN UP FOR THE COMMITTEE OF MY CHOICE OVER THE COURSE OF THE SCHOOL YEAR. IF I DO NOT SIGN UP FOR A COMMITTEE, ONE MAY BE ASSIGNED TO ME BY THE VOLUNTEER COORDINATOR.   | <input type="checkbox"/> |
| I WILL PAY A VOLUNTEER FEE, WHICH WILL BE REFUNDED TO ME AFTER I HAVE FULFILLED MY VOLUNTEER OBLIGATION (SOME EXCEPTIONS MAY APPLY). I UNDERSTAND THAT I MAY OPT-OUT OF VOLUNTEERING AT THE TIME OF REGISTRATION AND MCLEOD NURSERY SCHOOL WILL THEN KEEP THE VOLUNTEER FEES PAID.   | <input type="checkbox"/> |
| <b>I AM CHOOSING TO VOLUNTEER</b> <input type="checkbox"/> <b>OR</b> <b>I AM CHOOSING TO OPT-OUT OF VOLUNTEERING</b> <input type="checkbox"/>  |                          |
| <b>C. BOARD OF DIRECTORS</b><br>AS A MEMBER, YOU ARE ABLE TO STAND FOR ELECTION AS AN OFFICER ON THE BOARD OF DIRECTORS AT THE ANNUAL GENERAL MEETING, HELD IN JUNE. THE BOARD OF DIRECTORS WORK TOGETHER AS A TEAM TO OVERSEE THE GENERAL OPERATION OF THE NURSERY SCHOOL. SITTING ON THE BOARD OF DIRECTORS EXEMPTS YOU FROM VOLUNTEERING ON A COMMITTEE. <b>BOARD MEMBERS WHO COMPLETE THEIR TERM WILL HAVE THEIR REGISTRATION FEE AND VOLUNTEER FEE REFUNDED AT THE END OF THE YEAR.</b> |                          |
| I AM INTERESTED IN HOLDING AN ELECTED POSITION ON THE BOARD OF DIRECTORS. <input type="checkbox"/> YES <input type="checkbox"/> NO<br><br>NAME _____ EMAIL _____   |                          |
| 3. I UNDERSTAND THAT THE PAYMENT OF \$60.00 (Mon/Wed/Fri) or \$40 (Tues/Thurs) or \$100.00 (Mon-Fri) TUITION MUST BE MADE BY PRE-AUTHORIZED DEBIT (PAD) VIA AUTOMATIC WITHDRAWALS FROM MY ACCOUNT ON THE 1 <sup>ST</sup> OF EACH MONTH BEGINNING IN SEPTEMBER AND ENDING IN JUNE. I UNDERSTAND THAT I MUST PROVIDE A VOID CHEQUE (OR EQUIVALENT) WITH THE SIGNED PAD AGREEMENT FORM.   | <input type="checkbox"/> |
| 4. I UNDERSTAND THAT THE REGISTRATION FEE IS <b>NON-REFUNDABLE</b> 30 DAYS AFTER REGISTRATION.   | <input type="checkbox"/> |
| 5. I UNDERSTAND THAT DURING THE SCHOOL YEAR [SEPTEMBER 1ST TO JUNE 30TH] ONE MONTH'S NOTICE WILL BE REQUIRED FOR WITHDRAWAL FROM THE PROGRAM. WRITTEN NOTICE MUST BE GIVEN TO THE TEACHER OR REGISTRAR.  | <input type="checkbox"/> |
| 6. I UNDERSTAND THAT NO REFUND IS GIVEN FOR DAYS ABSENT, FAMILY VACATIONS, IN-SERVICE DAYS, SCHOOL HOLIDAYS, STATUTORY HOLIDAYS, CHRISTMAS BREAK, SPRING BREAK, ETC.   | <input type="checkbox"/> |
| 7. I UNDERSTAND THE FIRST WEEK OF SEPTEMBER AND THE LAST WEEK OF JUNE ARE DESIGNATED AS PREPARATION AND CLEAN-UP OF CLASSROOM AND ARE NOT SUBJECT TO A REFUND.   | <input type="checkbox"/> |
| 8. I HAVE READ AND UNDERSTAND THE FOLLOWING ENROLMENT REQUIREMENTS:<br>A. MY CHILD MUST BE TOILET-TRAINED. I WILL BE NOTIFIED TO RETURN TO NURSERY SCHOOL IF MY CHILD HAS A TOILET ACCIDENT.   | <input type="checkbox"/> |
| B. MY CHILD IS READY FOR NURSERY SCHOOL IF THEY CAN PARTICIPATE WITHOUT A PARENT PRESENT, GET ALONG WITH OTHER CHILDREN, FOLLOW RULES AND INSTRUCTIONS, DEMONSTRATE SELF-CONTROL, ADJUST TO CHANGES IN ROUTINE, SOLVE SOME PROBLEMS ON THEIR OWN, AND COMMUNICATE NEEDS TO ADULTS AND CHILDREN IN UNDERSTANDABLE WAYS. MOST CHILDREN ADAPT   | <input type="checkbox"/> |

## McLeod Nursery School Registration Form 2025/2026

|  |  |
|--|--|
| <p>WELL TO NURSERY SCHOOL BUT THERE A FEW WHO CANNOT AND FOR THIS REASON <b>ALL CHILDREN WILL BE ACCEPTED TO NURSERY SCHOOL UP TO A <u>TWO-WEEK PROBATIONARY PERIOD</u> (AT THE DISCRETION OF THE TEACHERS) FROM THEIR START DATE. IF AFTER THIS TIME YOUR CHILD IS UNABLE TO ADJUST, YOU MAY BE ASKED TO MAKE ALTERNATE ARRANGEMENTS.</b> [IN THIS CASE, THE ONE MONTH'S NOTICE OF WITHDRAWAL WILL BE WAIVED BUT THE CURRENT MONTH'S TUITION FEE WILL BE NON-REFUNDABLE.]</p> |  |
| <b>PARENT/GUARDIAN AGREEMENT FORM</b>  | CHECK<br>✓   |
| 9. IF MY CHILD IS SICK, I WILL MAKE EVERY EFFORT TO CONTAIN MY CHILD'S ILLNESS AT HOME TO PREVENT SPREADING ILLNESS TO THE NURSERY SCHOOL ENVIRONMENT.   | <input type="checkbox"/>   |
| 10. IF MY CHILD REQUIRES AN EPIPEN I UNDERSTAND THAT I MUST PROVIDE ONE AT ALL TIMES WHILE MY CHILD IS IN ATTENDANCE AT MCLEOD NURSERY SCHOOL. IF ONE IS NOT PROVIDED MY CHILD MAY NOT ATTEND.   | <input type="checkbox"/>   |
| 11. I UNDERSTAND AND AGREE TO PROVIDE SNACK FOR MY OWN CHILD, CONSISTING ONLY OF WATER, FRUITS AND VEGETABLES.   | <input type="checkbox"/>   |
| 12. I UNDERSTAND THAT I AM WELCOME TO VOLUNTEER IN THE CLASSROOM WHEN MY CHILD IS STAR OF THE WEEK AND THAT THIS IS OPTIONAL.<br><br>I UNDERSTAND THAT AS A VOLUNTEER IN THE CLASSROOM I AM NOT INVOLVED IN PROGRAM PLANNING OR IMPLEMENTATION, DISCIPLINE OF THE CHILDREN, OR DIRECTING THE CLASS. I UNDERSTAND THAT I MUST MAINTAIN CONFIDENTIALITY OF ANY OBSERVATION MADE IN THE CLASSROOM OF OTHER CHILDREN.  | <input type="checkbox"/><br><br><input type="checkbox"/>                         |
| 13. I UNDERSTAND THAT I MAY <b>NOT</b> PARK, DROP-OFF OR PICK-UP IN THE BACK PARKING LOT AS ALL SPACES ARE ASSIGNED TO MCLEOD EDUCATION CENTRE STAFF.<br>I ALSO UNDERSTAND THAT I MAY <b>NOT</b> PARK IN OR BLOCK ANY NEIGHBOURING DRIVEWAYS.<br>I <b>MAY</b> PARK ON MCLEOD AVENUE OR IN ONE OF THE ADJACENT BAYS.  | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |
| 14. I UNDERSTAND THAT I <b>MUST</b> USE THE WEST DOORS [CLOSEST TO THE FIELD] TO ENTER AND EXIT AS TO NOT DISTURB THE ADULT CLASSES IN PROGRESS.   | <input type="checkbox"/>   |
| 15. I UNDERSTAND THAT CLASS ENDS PROMPTLY AT 11:30 AM (MORNING CLASS) AND 3:15 PM (AFTERNOON CLASS). LATE PICKUP WILL BE SUBJECT TO A LATE FEE. PLEASE ARRIVE A FEW MINUTES BEFORE THE DOORS OPEN AT DEPARTURE TIMES.  | <input type="checkbox"/>   |
| 16. I UNDERSTAND THAT MCLEOD NURSERY SCHOOL IS LOCATED IN A RIVER EAST TRANSCONA SCHOOL DIVISION BUILDING BUT IS OPERATED INDEPENDENTLY OF THE SCHOOL DIVISION.  | <input type="checkbox"/>   |
| 17. I UNDERSTAND THAT TRANSPORTATION TO AND FROM SCHOOL/FIELD TRIPS IS MY RESPONSIBILITY AND THAT MCLEOD NURSERY SCHOOL SHALL NOT IN ANY WAY BE RESPONSIBLE OR LIABLE FOR ANY PERSONAL INJURY, SUFFERING, OR DEATH CAUSED TO ANY CHILD ENROLLED IN MCLEOD NURSERY SCHOOL AS A RESULT OF BEING TRANSPORTED IN PRIVATE AUTOMOBILES.  | <input type="checkbox"/>   |
| 18. I UNDERSTAND THAT MCLEOD NURSERY SCHOOL IS NOT LIABLE FOR ANY LOSS, DAMAGE, OR THEFT OF ANY BELONGINGS.  | <input type="checkbox"/>   |
| 19. I GIVE PERMISSION FOR MCLEOD NURSERY SCHOOL TO TAKE PHOTOS/VIDEOS OF MY CHILD FOR THE PURPOSE OF SCHOOL PROJECTS/ MEMORY BOOKS.  | <input type="checkbox"/>   |
| 20. I UNDERSTAND THAT I MAY NOT POST PHOTOS/VIDEOS OF ANY CHILDREN ENROLLED IN MCLEOD NURSERY ON SOCIAL MEDIA.   | <input type="checkbox"/>   |
| 21. I GIVE PERMISSION TO MCLEOD NURSERY SCHOOL TO USE MY PHONE NUMBER AND EMAIL TO CREATE CLASSROOM AND COMMITTEE LISTS TO BE DISTRIBUTED FOR THE PURPOSE OF CONTACTING OTHER FAMILIES IN MY CHILD'S CLASS WHEN NEEDED.  | <input type="checkbox"/>   |

SIGNED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

# McLeod Nursery School Registration Form 2025/2026

## PRE-AUTHORIZED DEBIT [PAD] AGREEMENT FORM

| PARENT/CAREGIVER INFORMATION  | BANK ACCOUNT INFORMATION   |
|---|--|
| FIRST NAME: _____<br>LAST NAME: _____<br>CHILD'S NAME: _____<br>CLASS ATTENDING: <input type="checkbox"/> AM <input type="checkbox"/> PM<br>ADDRESS: _____<br>CITY: _____<br>PROVINCE: _____<br>POSTAL CODE: _____<br>PHONE NUMBER: _____<br>TAX RECEIPT ISSUED TO: _____<br>EMAIL: _____ | <b><i>PLEASE PROVIDE VOID CHEQUE/ BANK FORM TO CONFIRM</i></b><br>ACCOUNT NUMBER: _____<br>BRANCH TRANSIT NUMBER: ____ _<br>FINANCIAL INSTITUTION NUMBER: ____ _<br>FINANCIAL INSTITUTION NAME: _____<br>BRANCH ADDRESS: _____ |

### PRE-AUTHORIZED DEBIT [PAD] DETAILS

I [THE PAYOR], \_\_\_\_\_ AUTHORIZE MCLEOD NURSERY SCHOOL TO DEBIT THE BANK ACCOUNT LISTED ABOVE IN THE AMOUNT OF \$60.00 (MON/WED/FRI CLASSES) OR \$40 (TUES/THURS CLASSES) OR \$100 (MON-FRI AM CLASSES) ON THE 1ST OF EVERY MONTH [OR THE NEXT BUSINESS DAY] FROM SEPT THROUGH JUNE. THERE ARE NO PAYMENTS WITHDRAWN IN JULY/AUG. THE SERVICES OF MCLEOD NURSERY SCHOOL ARE FOR PERSONAL USE.

YOU [THE PAYOR], MAY REVOKE YOUR AUTHORIZATION AT ANY TIME SHOULD YOU DECIDE TO WITHDRAW YOUR CHILD FROM THE PROGRAM PROVIDING NOTICE OF 30 DAYS. VISIT YOUR FINANCIAL INSTITUTION OR [WWW.CDNPAY.CA](http://WWW.CDNPAY.CA) TO OBTAIN A CANCELLATION FORM

|  |   |
|--|---|
| _____<br>NAME OF ACCOUNT HOLDER [PLEASE PRINT] | _____<br>NAME OF JOINT ACCOUNT HOLDER [PLEASE PRINT]: |
| _____<br>SIGNATURE OF ACCOUNT HOLDER           | _____<br>SIGNATURE OF JOINT ACCOUNT HOLDER            |
| _____<br>DATE                                  | _____<br>DATE   |

### PARENT/GUARDIAN AGREEMENT

I UNDERSTAND THAT I MUST PROVIDE A VOID CHEQUE WITH THIS FORM.

I UNDERSTAND THAT IF THE TUITION DEBITED FROM MY ACCOUNT COMES BACK AS NSF, IT WILL BE DEBITED AGAIN FROM MY ACCOUNT IN 12 BUSINESS DAYS FROM THE ORIGINAL DATE DEBITED.

I UNDERSTAND THAT I WILL BE CHARGED A \$15.00 NSF WHICH WILL BE DEBITED FROM MY ACCOUNT ON THE NEXT TUITION DATE.

I UNDERSTAND THAT AFTER 12 BUSINESS DAYS IF THE PAYMENT COMES BACK NSF AGAIN, I WILL BE REQUIRED TO PAY THE TUITION FEE AND AN ADDITIONAL \$20.00 IN CASH WITHIN 2 BUSINESS DAYS. I UNDERSTAND THAT MY CHILD MAY NOT RETURN TO SCHOOL UNTIL PAYMENT IS MADE. I UNDERSTAND THAT THIS WILL BE CONSIDERED A SECOND OFFENCE.

I UNDERSTAND THAT I WILL RECEIVE TWO INCOME TAX RECEIPTS FOR INCOME TAX PURPOSES VIA EMAIL [ONE IN FEBRUARY AND ONE IN JUNE]. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO KEEP TRACK OF MY EMAILED RECEIPTS. I UNDERSTAND THAT I WILL BE NOTIFIED BY THE NURSERY SCHOOL WHEN RECEIPTS HAVE BEEN ISSUED AND THAT I SHOULD CHECK MY EMAIL/JUNK MAIL TO MAKE SURE I HAVE RECEIVED MY RECEIPT. IF I HAVE NOT RECEIVED MY RECEIPT, I UNDERSTAND THAT I HAVE 10 BUSINESS DAYS TO CONTACT MCLEOD NURSERY SCHOOL TO RESUBMIT MY RECEIPT VIA EMAIL.

I UNDERSTAND THAT I HAVE THE RIGHT TO CERTAIN RECOURSE IF ANY MONIES DEBITED FROM MY ACCOUNT DOES NOT COMPLY WITH THIS AGREEMENT. FOR MORE INFORMATION I CAN CONTACT MY FINANCIAL INSTITUTION OR [WWW.CDNPAY.CA](http://WWW.CDNPAY.CA)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_