



Pearson Community Co-op Nursery School Membership Application

<i>Staff Use Only</i>
Date rec'd _____
Time rec'd _____
Placed in pgm _____
\$40 cheque rec'd <input type="checkbox"/>

MEMBER TYPE (check all that apply)

Returning* member/returning* child
 Returning* member/new child
 New member/new child

**returning from last year*

ROLE (check one)

Volunteer
 Non-volunteer

Every parent (volunteer & non-volunteer) will be on a committee.

PROGRAM TYPE: Indicate choice #1 and choice #2	Monthly Cost Volunteer	Monthly Cost Non-volunteer
___ 2 AM (Tues/Thurs)	\$165.00	\$195.00
___ 3 AM (Mon/Wed/Fri)	\$215.00	\$265.00
___ 5 AM	\$380.00	\$460.00
___ Ready-to-Explore (2 pm, Tues/Thurs)	N/A	\$205.00
___ Ready-to-Learn (3 pm, Mon/Wed/Fri)	N/A	\$305.00
___ 5 PM	N/A	\$510.00

RTL & 5PM programs: child must be 3 yrs old by Dec. 1 of school year.

All other programs, child must be 2 years, 6 months old (30 months) to begin program.

CHILD INFORMATION

Last name: _____ First name: _____
 Preferred name: _____ Date of birth: ____ / ____ / ____
dd mm yy

Address: _____
Street City Postal Code

PARENT INFORMATION

Parent #1 Last name: _____ First name: _____ Phone: _____
 Parent #2 Last name: _____ First name: _____ Phone: _____
 Email: _____

*** PLEASE READ CAREFULLY BEFORE SIGNING ***

Required Duties:

We understand the required duties of the adult members of the Pearson Community Co-op Nursery School Inc. include:

1. Regular participation as a teacher assistant (volunteer days) in the school program (each member volunteers 2 /month). Non-volunteer members are exempt.
2. Participation on a school committee. This applies to both volunteer and non-volunteer parents.
3. Attendance at the three General Meetings as scheduled.

Payments:

1. A \$40 NON-REFUNDABLE registration fee is due with this application.
2. Make cheques payable to PEARSON COMMUNITY CO-OPERATIVE NURSERY SCHOOL INC.
 - Fees are withdrawn on the FIRST of each month with the exception of SEPT. which is withdrawn on AUG. 1.
 - **Child withdrawals between August 1 and 31 will not be refunded.**
 - Child withdrawals after Sept. 1 require 30 days notice (in writing).
 - Payment of fees, volunteer days fulfilled and committee participation is required to the end of the 30-day period.
 - **Child withdrawals after April 30 will not be refunded; fees are required for May and June.**
 - In the case of an N.S.F. payment or cheque, a \$25.00 fine will be charged.
3. Registration occurs in the order in which applications are received.

Parent name (print): _____ Parent signature of acceptance: _____

How did you hear about Pearson? _____

Member App



Pearson Community Co-op Nursery School Committee Preference Form

<i>Staff Use Only</i>
Date rec'd _____
Time rec'd _____
Placed on com. _____
Staff initial _____

Every family (volunteer AND non-volunteer) must complete this form.

One parent for each child registered (whether a volunteer or non-volunteer spot) MUST be on a committee.

Session: 2 am 3 am 5am RTL RTE 5pm

Child's Full Name: _____

Parent's Name: _____

Contact information where we can reach you *during the summer and the school year:*

Phone #: _____ **E-mail Address:** _____

Pearson Community Co-op Nursery School Committees

Some committees require specific skills or commitments. Before indicating your preferences, please read the job descriptions online at www.pearsonco-op.com > Registration/Pearson Handbook.

Please indicate the type of committee that would be best suited to your skills/interests:

- Administration (scholastic, membership assistant, publicity/marketing)
- Maintenance (toy/room clean, playground)
- Events (fundraising, picnic, Santa Store)
- Crafts (play-doh, special events)

The number of people on each committee is limited. Choice of category is not guaranteed. Co-ordinator positions are filled prior to member positions.

Are you willing to be the co-ordinator of a committee? YES NO

In the event of late registration, you will be placed on a committee that has an open position.

Please tell us about your special skills that could add to our program? E.g. Musician, social media marketing, woodworking



Pearson Community Co-op Nursery School

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Pearson is pleased to offer pre-authorized payment for our preschool. This payment procedure is simple and easy for both you and our preschool. All you have to do is the following:

- Complete and sign the authorization form
- **Attach a blank cheque marked "VOID"**
- Return this Pre-Authorized Payment Form & "VOID" cheque with your Membership application.
- Please keep the *Terms and Conditions* for your records.

If you have any questions, please contact the Treasurer at treasurer@pearsonco-op.com.

PRE-AUTHORIZED Debit Agreement (*Please print clearly*):

Account Holder Name(s):						
Child's Name:						
Address (Street Address, City, Province, Postal Code):						
E-mail:						
@						
Phone: ()			Monthly Program Amount:			
			\$			
<p>I (we) authorize Pearson Community Co-op Nursery School to process a debit, in paper, electronic or other form in the amount indicated from my/our account on the 1st day of each month beginning August 2018 with the final payment on the 1st day of June 2019.</p> <p>(Note: September fees are withdrawn on August 1, there will not be a debit in September. In the case of an N.S.F. payment or cheque, a \$25.00 fine will be charged.) Initial: _____ X</p> <p>I (we) acknowledge that I (we) have read, understood and accepted all the provisions contained in the Terms and Conditions of the Pre-Authorized Debit Agreement and that I (we) have received a copy. Initial: _____ X</p>						
Signature: _____ Date: _____						
OFFICE USE ONLY			Program	Volunteer	\$	EFT
						Fee Sheet
Added to:					\$	Effective Date
Changes to:					\$	
Changes to:					\$	



Pearson Community Co-op Nursery School PRE-AUTHORIZED PAYMENT – TERMS & CONDITIONS

1. In this Agreement, "I", "me" and "my" refers to each Account Holder who signed above.
2. I agree to participate in this Pre-Authorized Debit Plan for personal/household or consumer purposes.
I authorize the Payee indicated on the reverse 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 indicated on the reverse hereof (the "Account") at the financial institution indicated on the reverse hereof (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 www.cdnpay.ca . 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 the Payee and I.
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.
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 that may be contained in this Agreement to such financial institution.
6. I understand that with respect to fixed amount Personal PADs occurring at set intervals, I shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days for Paper Agreements, fifteen (15) Electronic Agreements before the due date of the first Personal PAD, and such notice shall be received every time there is a change in the amount or payment date(s).
7. 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.
8. 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 is not consistent with this PAD Agreement. I understand that I may obtain more information on my recourse/reimbursement rights by contacting my financial institution.
9. 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 my secure electronic signature conforms to the requirements of Canadian Payments Association Rule H1. I agree that a payment service provider will administer the PAD. Pearson Community Co-operative Nursery School will be administering the PAD.
10. I agree to comply with the Rules of the Canadian Payments Association www.cdnpay.ca 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.