

**HARSTONE CHILDREN'S CENTRE
REGISTRATION RE-APPLICATION
2023 – 2024**

CHILD'S NAME: _____

NAME OF CENTRE: _____

NAMES AND ADDRESSES OF PARENTS AND/OR GUARDIANS

Parent/Guardian's Name _____
First Name Last Name

Relationship to Child _____ Primary Care Giver Yes No

Address _____
Street City Postal Code

Home Phone _____ Work Phone _____

Cell Number _____ Email _____

Occupation _____ Employer's/School's Name _____

Employer/School Address _____
Street City Postal Code

Parent/Guardian's Name _____
First Name Last Name

Relationship to Child _____ Primary Care Giver Yes No

Address _____
Street City Postal Code

Home Phone _____ Work Phone _____

Cell Number _____ Email _____

Occupation _____ Employer's/School's Name _____

Employer/School Address _____
Street City Postal Code

MEDICAL INFORMATION:

Family Physician _____ Phone Number _____

Clinic Name & Address _____

PLEASE LIST ANY KNOWN ALLERGIES:

PLEASE LIST ANY MEDICATIONS THAT YOUR CHILD IS ON NOW

PLEASE LIST ANY OTHER PERTINENT MEDICAL INFORMATION (ie social, emotional, cognitive, physical or developmental) THAT YOU FEEL WE SHOULD KNOW ABOUT:

EMERGENCY PERSON: * MUST BE FILLED OUT!!! (relative, friend, etc.) In the event we are unable to reach you in an emergency situation:**

NAME: _____ RELATIONSHIP TO CHILD _____

HOME ADDRESS: _____

WORK/SCHOOL ADDRESS: _____

HOME PHONE #: _____ CELL #: _____

WORK # _____ SCHOOL# _____

PICK UP PEOPLE: People who are authorized to pick up your child/children from the Centre. Parents must notify staff when anyone other than themselves is picking up. ID is required before any child can leave the Centre without a parent / guardian.

NAME: _____ RELATIONSHIP TO CHILD _____

HOME ADDRESS: _____

HOME PHONE #: _____ WORK #: _____

CELL # _____ EMERGENCY CONTACT ____ (Y) ____ (N)

NAME: _____ RELATIONSHIP TO CHILD _____

HOME ADDRESS: _____

HOME PHONE #: _____ WORK #: _____

CELL # _____ EMERGENCY CONTACT ____ (Y) ____ (N)

NAME: _____ RELATIONSHIP TO CHILD _____

HOME ADDRESS: _____

HOME PHONE #: _____ WORK #: _____

CELL # _____ EMERGENCY CONTACT ____ (Y) ____ (N)

NAME: _____ RELATIONSHIP TO CHILD _____

HOME ADDRESS: _____

HOME PHONE #: _____ WORK #: _____

CELL # _____ EMERGENCY CONTACT ____ (Y) ____ (N)

SCHOOL ATTENDING IN THE FALL OF 2023 _____

GRADE _____ KINDERGARTEN ____ AM ____ PM NURSERY ____ AM ____ PM

IS A TRANSFER TO 905 SARGENT LOCATION REQUESTED? ____ YES ____ NO

IS A TRANSFER TO PRINCIPAL SPARLING REQUESTED? ____ YES ____ NO

IS A TRANSFER TO CLIFTON SCHOOL REQUESTED? ____ YES ____ NO

FOR THOSE CHILDREN WHO ARE TURNING 4, WE TYPICALLY FACILITATE TRANSFERS TO OUR SCHOOL AGE CENTRES BETWEEN THE AGES OF 4 AND 4.5. PLEASE FILL OUT BELOW IF APPLICABLE.

WILL YOUR CHILD BE ATTENDING ANY OF THE FOLLOWING SCHOOLS IN THE FUTURE?

SARGENT PARK SCHOOL _____

PRINCIPAL SPARLING SCHOOL _____

CLIFTON SCHOOL _____

SACRE COEUR SCHOOL _____

WILL YOU BE REQUESTING A TRANSFER TO ONE OF OUR SCHOOL AGE CENTRES?

905 SARGENT (SERVICES SARGENT PARK & SACRE COEUR) YES ____ NO ____

1150 SHERBURN (PRINCIPAL SPARLING SCHOOL) YES ____ NO ____

1070 CLIFTON STREET (CLIFTON SCHOOL) YES ____ NO ____

ANTICIPATED TRANSFER DATE: _____

BILLING PERIODS AND DUE DATES

Please see list of the billing periods for the 2023 - 2024 calendar years. Please note, there are **13** billing periods, not 12.

As a reminder, Harstone's accounting policy is as follows:

- Fees are due one week after invoices are issued, unless arrangements have been made with Head Office (204-783-6175).
- Invoices due during a holiday period are the parents/guardians responsibility to be picked up and paid on time regardless of whether the child is attending or not.
- One late fee of \$10.00 will be applied to all overdue accounts. Accounts not paid in full, will result in your child/children being suspended from the program. If your account is not paid in full after 2 weeks, your child/children will be withdrawn from the centre. Your account will then be sent to small claims court/collections and the Day Care Office will be notified.
- Parents/Guardians are responsible for the full fee if for any reason the Centre has not received confirmation from the Subsidy Office regarding Government Assistance.

<u>Invoice Date</u>	<u>Billing Period</u>	<u>Due Date</u>
January 6	January 8 – February 4, 2023	January 13, 2023
February 3	February 5 – March 4, 2023	February 10, 2023
March 3	March 5 – April 1, 2023	March 10, 2023
March 31	April 2 – April 29, 2023	April 7, 2023
April 28	April 30 – May 27, 2023	May 5, 2023
May 26	May 28 – June 24, 2023	June 2, 2023
June 23	June 25 – July 22, 2023	June 30, 2023
July 21	July 23 – August 19, 2023	July 28, 2023
August 18	August 20 – September 16, 2023	August 25, 2023
September 15	September 17 – October 14, 2023	September 22, 2023
October 13	October 15 – November 11, 2023	October 20, 2023
November 10	November 12 – December 9, 2023	November 17, 2023
December 8	December 10 – January 6, 2024	December 15, 2023
January 5	January 7 – February 3, 2024	January 12, 2024
February 2	February 4 – March 2, 2024	February 9, 2024
March 1	March 3 – March 30, 2024	March 8, 2024
March 28	March 31 – April 27, 2024	April 5, 2024
April 26	April 28 – May 25, 2024	May 3, 2024
May 24	May 26 – June 22, 2024	May 31, 2024
June 21	June 23 – July 20, 2024	June 28, 2024
July 19	July 21 – August 17, 2024	July 26, 2024
August 16	July 18 – September 14, 2024	August 23, 2024
September 13	September 15 – October 12, 2024	September 20, 2024
October 11	October 13 – November 9, 2024	October 18, 2024
November 8	November 10 – December 7, 2024	November 15, 2024
December 6	December 8 – January 4, 2025	December 13, 2024