

# CHILD ENROLLMENT INFORMATION



<b>CHILD'S NAME</b>	<b>FIRST</b>	<b>LAST</b>
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<b>A D D R E S S</b>	<b>STREET</b>	<b>DATE OF BIRTH</b>	<b>DAY/MONTH/YEAR</b>
	<b>CITY</b>	<b>PREFERRED NAME</b>	
	<b>POSTAL CODE</b>	<b>HOME PHONE</b>	

**PARENT/GUARDIAN 1**

**PARENT/GUARDIAN 2**

<b>FIRST NAME / LAST NAME</b>	<b>FIRST NAME / LAST NAME</b>
<b>RELATIONSHIP</b>	<b>RELATIONSHIP</b>

**HOME ADDRESS & TELEPHONE NUMBER AS ABOVE []**

**HOME ADDRESS & TELEPHONE NUMBER AS ABOVE []**

<b>HOME ADDRESS</b>	<b>HOME ADDRESS</b>
<b>HOME TELEPHONE #</b>	<b>HOME TELEPHONE #</b>
<b>CELL PHONE #</b>	<b>CELL PHONE #</b>
<b>PERSONAL EMAIL</b>	<b>PERSONAL EMAIL</b>

**DAYTIME INFORMATION**

**DAYTIME INFORMATION**

<b>PLACE OF WORK</b>	<b>PLACE OF WORK</b>
<b>WORK ADDRESS</b>	<b>WORK ADDRESS</b>
<b>WORK TELEPHONE NUMBER</b>	<b>WORK TELEPHONE NUMBER</b>
<b>WORK EMAIL</b>	<b>WORK EMAIL</b>

**IS THERE A CUSTODY AGREEMENT IN PLACE?**       YES    NO (If yes, please provide a copy)

**DOCTOR'S INFORMATION**

<b>DOCTOR'S NAME</b>	<b>PHONE #</b>
<b>ADDRESS</b>	
<b>CHILD'S ALLERGIES/MEDICAL CONDITIONS</b>	

Please provide details of the people who have permission to remove your child from the Centre. We always check identification before releasing a child to an unknown person. Please remind the following people to bring government issued I.D. when collecting your child.

1.

FIRST NAME	LAST NAME	RELATIONSHIP TO YOUR CHILD
HOME PHONE	WORK PHONE	CELL PHONE

2.

FIRST NAME	LAST NAME	RELATIONSHIP TO YOUR CHILD
HOME PHONE	WORK PHONE	CELL PHONE

### EMERGENCY CONTACT INFORMATION

Please provide the details of persons to contact in case of an emergency if parents cannot be reached. By listing them below you are also giving them permission to remove your child from the Centre in case of an emergency. A minimum of one emergency contact is mandatory.

[ ] Check here if emergency contacts are the same as people with permission to remove your child from the Centre.

1.

FIRST NAME	LAST NAME	RELATIONSHIP TO YOUR CHILD
HOME PHONE	WORK PHONE	CELL PHONE

2.

FIRST NAME	LAST NAME	RELATIONSHIP TO YOUR CHILD
HOME PHONE	WORK PHONE	CELL PHONE

Who will usually be dropping off and picking up your child? \_\_\_\_\_

At what time will your child be dropped off? \_\_\_\_\_

At what time will your child be picked up? \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

For Centre use:

DATE OF ENROLLMENT \_\_\_\_\_ DATE OF WITHDRAWAL \_\_\_\_\_



## **Bambini Information Form**

### **GENERAL INFORMATION**

Child's name: \_\_\_\_\_ The name your child prefers to be called is \_\_\_\_\_

The special name your child calls their Mother is \_\_\_\_\_ Father \_\_\_\_\_

Guardian: \_\_\_\_\_ Other: \_\_\_\_\_

What is your Country of Origin? \_\_\_\_\_

Please describe your Family Heritage and Cultural background: \_\_\_\_\_

Which Language/s are spoken at home: \_\_\_\_\_

Can your child speak English? Can you child understand English? \_\_\_\_\_

What religious or cultural practices would you like your child to observe (please give details): \_\_\_\_\_

How many family members live with your child (please give details, e.g. older/younger siblings, grandparents, aunts, uncles, etc.) \_\_\_\_\_

The things your child enjoys doing include: \_\_\_\_\_

Do both parents live with your child? \_\_\_\_\_

If not, please explain your child's relationship with the absent parent: \_\_\_\_\_

Is either parent away from home frequently? \_\_\_\_\_

The songs your child enjoys singing include: \_\_\_\_\_

Your child has a pet:  Yes  No Your pet is a \_\_\_\_\_ named \_\_\_\_\_

### **FEEDING**

Your child is currently on:  Breastmilk  Formula  Milk

Bottle times: \_\_\_\_\_

Does your child usually drink the whole bottle:  Yes  No

Does your child like to have his/her bottle warmed:  Yes  No

How would you prefer us to warm your child's bottle?  In warm water  Microwave

Other: \_\_\_\_\_

Does your child need to be burped during a bottle feed?  Yes  No How many times? \_\_\_\_\_

Does your child have reflux or any other feeding concerns? \_\_\_\_\_

### **EATING**

Does your child have any dietary restrictions/allergies? \_\_\_\_\_

Does your child like to feed him/herself?  Yes  No \_\_\_\_\_

Does your child have a small/medium/large appetite? \_\_\_\_\_

Foods my child has been introduced to: \_\_\_\_\_



Do you have any food concerns?  Yes  No Explain: \_\_\_\_\_

Other comments: \_\_\_\_\_

### **PHYSICAL DEVELOPMENT**

Does your child:

Roll from front to back?  Yes  No Roll from back to front?  Yes  No

Sit with assistance?  Yes  No Sit independently?  Yes  No

Stand holding onto furniture?  Yes  No Stand Alone?  Yes  No

Walk with assistance?  Yes  No Walk alone?  Yes  No

### **SLEEPING**

Day sleep: From: \_\_\_\_\_ to: \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_

How does your child go to sleep? \_\_\_\_\_

Does your child like to be patted?  Yes  No \_\_\_\_\_

Does your child have a comfort item to help go to sleep?  Yes  No

Further comments: \_\_\_\_\_

### **TOILETING**

What brand of diapers does your child use? \_\_\_\_\_

Does your child have a regular bowel movement? \_\_\_\_\_ Colour: \_\_\_\_\_ Consistency: \_\_\_\_\_

Does your child suffer from diaper rash? \_\_\_\_\_

Do you use any creams or ointments? \_\_\_\_\_ Type? \_\_\_\_\_

What would you like your child to learn from his/her experience at our Centre? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please add any additional information that you think will help us to get to know your child better: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Bambini Daily Routine

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

6 – 7am \_\_\_\_\_  
\_\_\_\_\_

7 – 8am \_\_\_\_\_  
\_\_\_\_\_

8 – 9am \_\_\_\_\_  
\_\_\_\_\_

9 – 10am \_\_\_\_\_  
\_\_\_\_\_

10 – 11am \_\_\_\_\_  
\_\_\_\_\_

11 – 12pm \_\_\_\_\_  
\_\_\_\_\_

12 – 1pm \_\_\_\_\_  
\_\_\_\_\_

1 – 2pm \_\_\_\_\_  
\_\_\_\_\_

2 – 3pm \_\_\_\_\_  
\_\_\_\_\_

3 – 4pm \_\_\_\_\_  
\_\_\_\_\_

4 – 5pm \_\_\_\_\_  
\_\_\_\_\_

5 – 6pm \_\_\_\_\_  
\_\_\_\_\_

# Your Child's Health



Has your child been in contact with any communicable diseases/viruses in the last 30 days?

- Yes  No

If 'yes', please specify: \_\_\_\_\_

Communicable diseases that your child has had:

- Measles  Rubella  Roseola  Whooping Cough  Scarlet Fever  
 Croup  Pneumonia  Mumps  Chicken Pox  Other

If 'other', please specify: \_\_\_\_\_

Does your child have any health problems of which we should be aware? (e.g. asthma, allergies, convulsions, visual/emotional/hearing disability)?

- Yes  No

If 'yes', please specify: \_\_\_\_\_

Does your child have any long-term medical problems or does your child require any long-term medication?

- Yes  No

If "yes", please specify: \_\_\_\_\_

Is your child taking any regular medication that the childcare staff may be required to administer?

- Yes  No

If 'yes', please specify: \_\_\_\_\_

*A doctor's not is required for any medication to be administered to a child by BrightPath employees.*

Has your child had any serious illnesses, operations or injuries?

- Yes  No

If 'yes', please specify: \_\_\_\_\_

Are there any other family, personal, or health conditions you think we should be aware of? \_\_\_\_\_

*Please note that the attached immunization form must be completed prior to enrolment.*

We will see to it that your child is looked after to the best of our staff's abilities, but accidents do have a way of happening. We require your signature to relieve us of all liabilities (except where gross negligence is involved) should anything happen to your child while on the premises or in the care of BrightPath Centres.

Signature: \_\_\_\_\_

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

Print Name: \_\_\_\_\_





# Allergy and Special Medical Condition Information

(For example Food or other Allergies, Asthma, Seizures, Diabetes etc.)

Does your child have any allergies, food sensitivities, food restrictions or medical conditions?

- Yes** Please fully complete and sign this form       **No** Please sign below

Foods:

Name of Food	Indicate Type (Allergy, sensitivity, anaphylaxis, restriction)	Reaction and Symptoms

Medications:

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Reactions:

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Environment:

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Reactions:

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Medical Condition:

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Symptoms/Reactions:

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Does your child require an Adrenaline Kit (Epi-Pen)?     Yes       No

Is any other medication required?     Yes     No    Details: \_\_\_\_\_

If your child has a severe allergy or medical condition an Individual Action Plan Form must also be completed.

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

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





## Children's Safety and Health Notice

1. We appreciate that your child's bag may be used on days when they are not a childcare. For the health, safety and well-being of all children attending the Centre, can you please check the contents of your child's bag and ensure that the following items are **not** taken to the Centre:
  - Cigarettes
  - Cigarette lighters
  - Creams
  - Headache tablets
  - Medications (including Tylenol & Anbesol gel)
  - Poisons
  - Tools/Knives
  - Safety pins, rubber bands, hair clips, etc.
  - Cell phones/electronic devices
  - Cosmetics
  - Plastic bags
  - Any other item that could potentially cause harm to a child
2. Please ensure you close all gates behind you at all times and be especially conscious of children and safety when in the parking areas.
3. It is a legislation requirement that each child is signed in and out of the Centre on a daily basis.
4. Thank you for your assistance to help us provide a safe environment for all children at the Centre.
5. Parent/Guardians **must apply sunscreen (minimum of 15 SPF) to their child/ren prior to arriving** at the Centre in the morning. Sunscreen should be applied 30 minutes prior to outdoor play. Staff will apply/reapply sunscreen, when necessary, prior to the afternoon outdoor playtime.

***Sunscreen is to be provided by the Parent/Guardian for each child and clearly labelled with the child's name. Please check the expiry date to ensure it has not expired.***

I, \_\_\_\_\_ give the staff at BrightPath Centres permission for the application of sunscreen to my child \_\_\_\_\_.

**I / We acknowledge that we have read this document.**

**Parent/Guardian's Name(s)** \_\_\_\_\_  
**PLEASE PRINT:**

**Parent/Guardian's Signature(s)** \_\_\_\_\_

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



## Guiding Child's Behaviour

When undesirable behaviours occur and a child needs to be stopped or redirected, the following intervention methods may be used:

Younger children and infants will be redirected or distracted with a new toy or activity to resolve the behaviour problem. If necessary, they will be calmly removed from the situation and settled into a new activity.

An older child would be offered a choice of appropriate alternate activities. The staff would help the child become interested and settled in the new activity. We encourage older children to problem solve for themselves on a verbal level, rather than a physical level, to allow them to develop self-discipline and self-control.

If an older child loses control and is unable to be calmed, he/she will immediately be removed from the particular activity of the group, because he/she is causing disruption or harm to others around him/her. The child will remain within supervision of the staff at all times. When the child regains composure, the staff will help the child enter back into the play situation. Once the child has calmed down, the staff will tell the child that it is the behaviour that is unacceptable, not the child himself/herself.

BrightPath feels that if a child is given tender loving care (T.L.C.) and the attention that they require, there should rarely be a discipline problem. Guiding a child's behaviour must always be done with consideration of what is developmentally appropriate for that child.

The above outlines our "Child Guidance Policy" at The Children's House Montessori. Should your child have any special needs, or if you have any concerns regarding our policy, please feel free to discuss the matter with the Director at any time.

***I/We acknowledge that we have read this document.***

***Parent's/Guardian's***

***Names:*** \_\_\_\_\_

***Parent's/Guardian's***

***Signatures:*** \_\_\_\_\_

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

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



# Approval for Photos

Parent/Guardian's Name (please print): \_\_\_\_\_

Child/ren's Names (please print): \_\_\_\_\_

I hereby give permission to the staff at BrightPath to take photos of my child/ren within the childcare setting, during day to day activities, special activities or field trips for the pictures to be displayed in the Centre. I understand that if photos/images are to be displayed on the BrightPath website, on Centre marketing materials or social media, a separate form is to be signed.

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

Parent/Guardian's Signature

# Parent/Guardian Videotape Release Form



BrightPath conducts regular reviews and evaluations of our childcare Educators and their work with the curriculum. At time, our classrooms may be videotaped during their daily activities. These will become internal teaching tools for BrightPath Centres. The videotapes will remain property of BrightPath. Parents/Guardians who agree to have their child/ren videotaped must fill out the following permission form:

Parent/Guardian's Name (please print): \_\_\_\_\_

Child/ren's Names (please print): \_\_\_\_\_

I hereby allow staff of BrightPath to videotape my child/ren for the purpose of training and education within our BrightPath Learning Centres. I understand that these videos will not be sold, distributed or placed on any website without my written permission.

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

Parent/Guardian's Signature



## BP Connect (Parent Engagement Program)

I \_\_\_\_\_ (Parent/Guardian Name) am the parent or guardian of \_\_\_\_\_ (Child's Name) (the "**child**") and have voluntarily chosen to participate in BrightPath Connect (the "**Engagement Program**").

## Participation Agreement

In consideration for BrightPath Kids Corp., its subsidiaries and affiliates (together "**Brightpath**") providing BrightPath Connect (Engagement Program), accepting my application to participate in BP Connect) Engagement Program, and providing me access to BrightPath Connect (Engagement Program), I hereby understand, acknowledge, and agree that:

- (a) Our participation in BrightPath Connect (Engagement Program) is entirely voluntary and undertaken at my own and my child's risk.
- (b) I have read the BrightPath Connect Parent Engagement Information Letter attached hereto and I had all my questions in relation to BrightPath Connect Engagement Program answered to my satisfaction prior to deciding to sign this Participation Agreement.
- (d) I understand that I am prohibited from sharing photos and/or video of any children (other than my child), including any group photos/video, that I may have access to through my participation in the BrightPath Connect Engagement Program. Should any photos and/or videos of children other than my child be distributed in violation of this covenant, I agree to indemnify and hold harmless BrightPath and its agents, employee, affiliates and/or assigns for all claims, liabilities, damages, losses and expenses (including legal fees on a solicitor and own client full indemnity basis) arising by reason of my unauthorized distribution in breach of this covenant.
- (e) I understand and acknowledge that the BrightPath Connect Engagement Program relies on the use of a third party provider (the "**Developer**") that utilizes the internet and cloud computing technology. Accordingly I acknowledge that the Developer will have access to information, photos and videos of and about my child and may create and hold electronic copies of this information for the purposes of back-up. The Developer may also monitor, for its internal use only, my access and use of the BrightPath Connect Engagement Program. I understand and acknowledge that there are inherent privacy and confidentiality risks when using an internet-based service and cloud computing technology upon which the BrightPath Connect Engagement Program relies. I understand and accept that BrightPath will have no liability in the event of any breach of confidentiality of any information collected and copied from the BrightPath Connect Engagement Program, whether or not such

breach resulted from the actions of the Developer of Brightpath, its agents, employees, or assigns, or of any other parents who also participate in the Engagement Program. My participation in and use of the BrightPath Connect Engagement Program is an acceptance of this limitation of liability.

- (f) For greater certainty, I hereby release and forever discharge and agree not to make any claim against BrightPath, its board of directors, officers, agents, employees, affiliates and/or or assigns, for any and all claims, resulting from my participation and my child's participation in the BrightPath Connect Engagement Program; and
- (g) I understand and acknowledge that the terms of this waiver shall apply equally to me, and to my child.

## Approval for Photos/Videos

I hereby grant permission to BrightPath Kids Corp. and its representatives to photograph and video my child, and otherwise capture my child's image and to make recordings of my child's voice for the purposes of sharing information about my child with me under the BrightPath Connect Parent Engagement Program.

I further grant permission to BrightPath Kids Corp. and its representatives to reproduce, use, exhibit, display, post or distribute any images and recordings of my child when such images or recordings are taken in a group, or in a multiple child setting, to other parents who are also participating in the BrightPath Connect Parent Engagement Program.

I hereby confirm and covenant that I will not share photos of any child (including group photos), other than my own, that I receive through the BrightPath Connect Parent Engagement Program with anyone other than BrightPath and its employees.

I hereby release, defend, indemnify and hold harmless BrightPath Kids Corp., its board of directors, officers, employees or agents from and against any claims, damages or liability arising from or related to the use of images, recording or materials of my child, whether individually or in a group setting.

\_\_\_\_\_  
(Name of Child)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Date)

Primary email: \_\_\_\_\_



## Parent/Guardian Agreement

Childcare Centre \_\_\_\_\_

Child's Name \_\_\_\_\_

1. I give permission for my child/ren to use all the play equipment and play yards, as well as participate in all activities of the Centre, and to attend any field trips under the supervision of the staff at Queens Montessori Academy, a division of BrightPath Inc. Each activity will be advised to Parents/Guardians prior to occurring and permission will be sought. \_\_\_\_\_
2. I give permission for my child/ren to participate in neighbourhood walks and outings during my child's attendance at a BrightPath Centre. \_\_\_\_\_
3. If my child shows any sign of a communicable disease, I agree to immediately collect my child from the Centre. If parent cannot be reached I understand the emergency contact will be called. \_\_\_\_\_
4. In the event of an emergency medical situation, I grant permission to the Director or Staff to apply first aid or obtain medical care for my child and then to be contacted. I will not hold the Centre liable for taking such action and I agree to reimburse the Centre for any expenses in the event of such an emergency. \_\_\_\_\_
5. I agree to give **one month's** written notice of termination. If I do not give one month's notice, I understand that I will be charged a fee equivalent to one month's childcare fees. This notice also applies to any change made to my child/ren schedules \_\_\_\_\_
6. I understand that the first 30 days of my child attending will be transitional. If in the event that my child does not adjust to the program or if the Centre feels that the needs of your child cannot be met for whatever reason, the 30 day notice period will be waived and notice/withdrawal will not be required. Any fees paid will be pro-rated and refunded accordingly. \_\_\_\_\_
7. I agree to make full payment of fees by the **1<sup>st</sup> of each month**. Late payment will result in a \$100 late fee and may also result in termination of my child's care. I understand that it is mandatory to make payment by P.A.D. form and submitted with this agreement. \_\_\_\_\_
8. I agree to pay the full monthly fees regardless of days missed for vacations or illness. The monthly fee covers both actual care and the guaranteed space. Absences for different circumstances are expected and have already been taken into consideration when the fees are set. Part time children who attend days in excess of enrolled days will be charged based on drop in fees for additional time. Fees are non-refundable for any circumstance. \_\_\_\_\_
9. Any fee changes due to children moving up to the next age group will take place on the first of the month following the move if the move happens mid month. \_\_\_\_\_
10. Should a payment be returned for whatever reason. I undertake to pay this amount (and pay the N.S.F. charge of \$50) within the same month returned by interac, certified cheque or P.A.D. \_\_\_\_\_
11. In the event that I am late picking up my child/ren , I agree to have a late charge billed to my account of \$10 (per child) for every 15 minutes or part thereof which is to be paid to the Centre. If this is not paid within the month billed, I agree to have this balance added to next months' P.A.D payment. \_\_\_\_\_
12. The Childcare Centre is not responsible for lost or stolen articles. \_\_\_\_\_
13. BrightPath Inc. reserves the right to terminate my child's care without notice, should I – or my child – threaten the safety or welfare of others. \_\_\_\_\_



- 14. I agree to abide by the Operational policies of the Centre and all policies set forth in this agreement; failure to do so may result in termination of my child's care. I am aware and understand the Centre's Philosophy. I accept the program including all policies and procedures such as guidance, sick and alleged impaired authorized pick up policies. \_\_\_\_\_
- 15. I understand that there is no refund for illness, holidays or days that the Centre is closed since a space for my child is being held, I am still responsible for the full fees. \_\_\_\_\_
- 16. I give permission for my child to take part in local outings and understand that there may be extra fees on those days as I will be notified in advance. \_\_\_\_\_
- 17. If my child attends the School Age Program, I understand that the fees increase in the summer. If I do not want my child to attend in the summer, I understand that I have to provide one month's written notice prior or pay the fees in lieu of notice. If I give my notice for the summer I understand I am not guaranteed a spot in September. \_\_\_\_\_
- 18. I agree to pay an annual fee of \$50 with my September fee payment. This \$50.00 is requested from all new families joining our Centres up until January 31. \_\_\_\_\_
- 19. I agree to pay a \$50 administration fee (per child) upon registration, and understand that this is non-refundable. \_\_\_\_\_
- 20. I agree to pay a deposit that confirms my enrollment to the Centre and that this deposit is non-refundable. \_\_\_\_\_

### **Requirements for Families on Child Care Fee Subsidy**

- 21. I understand that I am responsible for paying the full child care fee until my subsidy approval is received by the Centre Director. \_\_\_\_\_
- 22. I agree to pay any fees not covered by the Local Regional Municipality Children's Services, Social Assistance or other support agencies due to unapproved/refused subsidy, absent days in excess of approved total, subsidy decrease or minimum hours of attendance not met. \_\_\_\_\_

#### **I have read and understood all of the above agreement indicators**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Copy to Parent/Guardian

Copy for Centre

Copy Office (attach original to child's enrollment form)



BRIGHTPATH CENTRE: \_\_\_\_\_

CHILD(REN)'S NAMES: \_\_\_\_\_

I have received and read the BrightPath Parent Handbook in full and fully understand the policies and procedures entailed in the handbook and understand my requirements regarding my child(ren).

\_\_\_\_\_  
*Parent/Guardian (1) Printed Name*

\_\_\_\_\_  
*Parent/Guardian (2) Printed Name*

\_\_\_\_\_  
*Parent/Guardian (1) Signature*

\_\_\_\_\_  
*Parent/Guardian (2) Signature*

\_\_\_\_\_  
*Date Signed*

\_\_\_\_\_  
*Date Signed*

I, \_\_\_\_\_, give consent to receive electronic messages from BrightPathKids Corp. including Centre updates, important info and emergency communications.

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*





## **Pre-Authorized Debit Agreement**

Please complete this form to begin making Pre-Authorized Debits (PAD) to BrightPath Early Learning Centres Inc.

<b>Centre Information</b>	
Centre Name:	
Address:	

<b>Parent Information</b>		
Parent First/Last Name(s):		
Child's First/Last Name(s):		
Address:		
City:	Prov:	Postal Code:
Telephone:	Cell Phone(s):	

<b>Please attach void cheque here</b>
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I/We authorize BrightPath Early Learning Centres Inc. to charge monthly dues to my/our bank account. BrightPath is authorized to change the amount of the monthly payment by giving the parent 10 days written notice of the change. Failure on the part of the parent to advise in writing of his/her disagreement with the change in the amount within 10 days shall be deemed to be full acceptance of such change.

I/We agree to notify BrightPath in writing within 30 days of any change to bank account information. All authorized charges will be made on the first of each month. Should any bank payments not clear or are not honoured by the parents' financial institution for any reason, authorization is hereby given to BrightPath to collect the amount refused or dishonoured plus a \$50.00 non-sufficient fund (NSF) fee.

This authorization may be cancelled at any time upon written notice, to BrightPath subject to providing 30 days' notice. For more information on my right to cancel a PAD agreement, I/we may contact my/our financial institution or visit [www.cdnpay.com](http://www.cdnpay.com).

Date:	Signature:	Signature:
	Printed Name:	Printed Name:

For a joint account, all depositors must sign if more than one signature is required on cheques issued.