



Prématernelle Bobino Bobinette, 15425, 91^e Avenue,
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La prématernelle Bobino Bobinette est située dans l'école Notre-Dame. Cela lui permet de bénéficier de ses infrastructures : bibliothèque, gymnase et terrain de jeu en plein air. Cette association facilite la transition prématernelle/maternelle.

La prématernelle offre un programme éducatif pour les enfants dès l'âge de 3 ans à 5 ans. Les enfants n'ont pas à parler le français pour être admis mais leurs parents doivent être des ayants droit selon l'article 23 de la Charte canadienne des droits et libertés.

Le programme est basé sur le développement social, physique, émotionnel, intellectuel et spirituel de l'enfant. Il comprend des activités énergétiques et calmes, structurées et créatives, de motricité fine et globale, dirigées et libres, dans la classe et à l'extérieur. Nous croyons fortement que le jeu est essentiel pour le développement de l'enfant, qu'il est un moyen spontané d'élargir des connaissances déjà acquises et aussi qu'il offre la possibilité d'apprendre, de découvrir et d'observer. Les éducatrices ont la responsabilité d'organiser l'environnement pour stimuler la créativité et l'épanouissement de l'enfant. Tous les échanges entre les éducatrices et les enfants se font uniquement en français.

La prématernelle opère cinq matins par semaine de 8h45 à 11h15. Pour l'année scolaire 2020-2021, nous suivons les directives du gouvernement de l'Alberta concernant les mesures de sécurité et nous offrons 2 classes :

- Deux matins par semaine – mardi et jeudi
150 \$ par mois (75 \$ pour le mois de juin)

- Trois matins par semaine – lundi, mercredi et vendredi
220 \$ par mois (110 \$ pour le mois de juin)

Pour vous inscrire, remplissez le formulaire qui suit, faites-le parvenir à la prématernelle Bobino Bobinette et envoyez un transfert de fonds au montant de \$45 pour les frais d'inscriptions à tresorier.bobino@gmail.com . Indiquez le nom de votre enfant dans la case de notes.

DEUXIÈME PARENT / TUTEUR LÉGALRelation avec l'enfant Mère légale Père légal TuteurHabite avec l'enfant Oui Non

Nom _____ Prénom _____

Adresse(si différente que
l'adresse de l'enfant)

Numéro

Rue et case postale

Appartement

Municipalité

Province

Code postal

Téléphone (maison) _____ Téléphone (bureau) _____

Téléphone (cellulaire) _____ Courriel _____

STATUT PREMIÈRES NATIONS, MÉTIS OU INUIT

Le ministère de l'Éducation recueille ces renseignements personnels en vertu de l'article 33 (c) de la Loi sur l'accès à l'information et la protection des renseignements personnels parce que ceux-ci sont nécessaires à la réalisation de son mandat et de ses responsabilités d'assurer la réussite des apprenants autochtones. Pour tout renseignement sur la collecte de ces données, communiquez avec *First Nations, Metis and Inuit Services Branch, Alberta Education* 9^e étage, 10044 – 108^e Rue Edmonton (AB) T5J 5E6 ou 780 427-8501.

Si vous désirez déclarer que vous êtes une personne autochtone, veuillez cocher la case appropriée Premières nations inscrit(e) Métis ou Métisse Premières nations non inscrit(e) Inuit**COMMENT AVEZ-VOUS APPRIS L'EXISTENCE DE LA PRÉMATERNELLE** Publicité Ami Internet Autres _____**DÉCLARATION*****Je déclare par la présente que les renseignements ci-dessus sont vrais, exacts et complets.***

Date

Signature (parent/tuteur légal)

SECTION RÉSERVÉE À L'ADMINISTRATION**Admissibilité selon l'article 23 de la Charte canadienne des droits et libertés** Oui Non**L'enfant d'un citoyen canadien est admissible à l'enseignement en français si :*

- a) *le français est la langue maternelle, et encore comprise, de l'un ou l'autre de ses parents*
- b) *l'un des parents a reçu son instruction au primaire en français au Canada*
- c) *un de ses frères et sœurs reçoit ou a reçu son instruction en français au Canada.*

Notes _____

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

1. Account Holder Information:

Name of Child: _____
Payer Name: _____
Mailing Address: _____
City: _____ Province: _____ Postal Code: _____
Telephone #: _____ Email: _____

2. Bank Account Information:

Note: A check marked "VOID" must be submitted along with this agreement.

Account #: _____ Transit #: _____ Institution#: _____
Type of Account: Checking Account Savings Account
Financial Institution: _____
Full Address: _____

Please check the applicable fees to be debited:

Monthly School Fees – Processed September 15 then on the first day of each month until June

- 2 days - \$150/mo (\$75 June)
 3 days - \$220/mo (\$110 June)

Tablier – Processed September 15

- For new students who don't have one. \$12

Casino Deposit – Processed Nov 15

- I authorize payment of \$600 if my casino volunteering requirements are not met.

Fundraising Deposit – Processed May 15

- I authorize payment of \$300 if my Fundraising Points requirements are not met.

3. Pre-Authorized Debit (PAD) Details:

I/We hereby authorize Ecole Pre-Maternelle Bobino Bobinette Societe, in accordance with the terms of our agreement with the processing institution to debit or cause to be debited my account as per my/our instructions for school fees and/or other fees as noted.

I/We may cancel this authorization at anytime by providing Ecole Pre-Maternelle Bobino Bobinette Societe written notice 30 days BEFORE the next PAD is due. For more information on your rights to cancel a PAD Agreement, you may contact your financial institution or visit www.cdnpay.ca.

I/We acknowledge that I am waiving my rights to receive pre-notification of debiting, including, without limitation, pre-notification of any changes in the amount of the PAD due to class changes, recovering NSF fees (\$7/charge back), pro-rating of fees, collecting fees owing, or other adjustments.

Signature of Account Holder: _____

Name: _____ Date: _____

Signature of Joint Account Holder (If Required): _____

Name: _____ Date: _____

TERMS AND CONDITIONS

1. This Agreement is subject to any and all applicable laws, including without limitations, any and all applicable laws relating to consumer protection.
2. Particulars of the Account that Payee is authorized to debit are indicated in the "Payment Details" section on page 1 of this Agreement. A specimen cheque, if available for the Account, has been marked "VOID" and attached to this Authorization.
3. I/We undertake to inform the Payee, in writing, of any change in the Account information provided in this Authorization prior to the next due date of the PAD.
4. This Authorization is continuing but may be cancelled at any time upon notice being provided by me/us, either in writing or orally, with proper authorization to verify my/our identity within the specified number of days before the next PAD is to be issued as noted on Page 1, Cancel Payment section. I/we acknowledge that I/we can obtain a sample cancellation form or further information on my/our right to cancel this Acknowledgement from Processing Institution or by visiting www.payments.ca.

I/we acknowledge that if I/we wish to cancel this Authorization or if I/we have any questions or need further information with respect to a PAD, I/we can contact the Payee at the telephone number or address set out in this PAD Agreement.

5. Revocation of this Authorization does not terminate any contract for goods or services that exists between me/us and Payee. This Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.
6. I/We acknowledge that provision and delivery of this Authorization to Payee constitutes delivery by me/us to Processing Institution. Any delivery of this Authorization to Payee constitutes delivery by the Payor.
7. If this Authorization is for fixed or variable amount business, personal or funds transfer PADs recurring at set intervals, unless I/we have waived any and all requirements for pre-notification of debiting in the "Waiver of pre-notification" section on page 1 of this Agreement, or unless the change in the amount of any such PAD will occur as a result of my/our direct action (such as, but not limited to, telephone instructions or other remote measures), I/we acknowledge I/we will receive:

- (a) with respect to fixed amount business or personal PADs, written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least 10 calendar days before the due date of the first PAD, and such notice will be received every time there is a change in the amount or the payment date(s); or
- (b) with respect to variable amount business or personal PADs, written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least 10 calendar days before the due date of every PAD; or
- (c) with respect to business, personal or funds transfer PADs, at least 10 calendar days written notice from the Payee of any change in the amount of the PAD which results from a change in any applicable tax rate, a top-up or other adjustment. No pre-notification will be given if the amount of the PAD decreases as a result of a reduction in municipal, provincial, or federal tax.

Pre-notification may be given in writing or in any form of representing or reproducing words in visible form, which, if I/we have provided an email address to the Payee, includes an electronic document.

The amount of pre-notification provided will change when there is a change in the pre-notification requirements contained in the Payments Canada Rules.

8. If this Authorization provides for PADs with sporadic frequency, I/we understand that the Payee is required to obtain an authorization from me/us for each and every PAD prior to the PAD being exchanged and cleared. I/we agree that a password or security code or other signature equivalent will be issued and will constitute valid authorization for the Processing Institution to debit the Account.
9. I/We acknowledge that Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of this Authorization, including, but not limited to, the amount.
10. I/We acknowledge that Processing Institution is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by Payee as a condition to honouring a PAD issued or caused to be issued by Payee on the Account.
11. I/We acknowledge that, if this Authorization is for personal or business PADs or for funds transfer PADs that have recourse through the clearing system, a PAD may be disputed but only under the following conditions:

- (a) the PAD was not drawn in accordance with this Authorization;
- (b) this Authorization was revoked; or
- (c) pre-notification was required and was not received.

I/We further acknowledge that in order to be reimbursed, a declaration to the effect that either (a), (b), or (c) took place must be completed and presented to the branch of Processing Institution holding the Account on or before the 90th calendar day in the case of a personal PAD or funds transfer PAD that has recourse through the clearing system or, in the case of a business PAD, on or before the 10th business day, in each case after the date on which the PAD in dispute was posted to the Account.

12. I/We acknowledge that any claim made after the periods set out above must be resolved solely between me/us and the Payee and there is no entitlement to reimbursement from the Processing Institution.
13. I/We acknowledge and agree that if this Authorization is for funds transfer PADs and the Payee does not provide recourse through the clearing system, then no recourse will be provided through the clearing system (that is, I/we will not receive automatic reimbursement in the event of a dispute) and I/we must seek reimbursement or recourse from the Payee in the event a PAD is erroneously charged to the Account.
14. Unless this Authorization is for a funds transfer PAD that does not have recourse through the clearing system, I/we acknowledge that I/we have certain recourse rights if a debit does not comply with this Authorization. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Authorization. To obtain more information on my/our recourse rights I/we can contact Processing Institution or visit www.payments.ca.
15. I/We acknowledge that I/we understand that I/we are participating in a PAD plan established by Payee and I/we accept participation in the PAD plan upon the terms and conditions set out herein.
16. I/We consent to the disclosure of any personal information that may be contained in this Authorization to the financial institution that holds the account of the Payee to be credited with the PAD to the extent that such disclosure of personal information is directly related to and necessary for the proper application of Rule H1 of the Rules of Payments Canada.