Macaulay Tree House
Preauthorized Debit (PAD) Form

Customer information:

Account #:	First name:		Last name:

Address:

City:		Province:	Postal code:	

Phone:	Cell phone:	

email:

Bank Account Information:

Transit #:	Bank ID:	Account #:

Account holder name (First, Last)

Account type	Chequing		Savings	

Bank name:	

Branch address:	John Smith		
	123 Any Street	Date	YYYY-MM-DD
	My Town, Province		
	PAY TO THE		
	ORDER OF		
	Your bank name		
	124 Any Street		
	Town, Province		
	Memo	_____	
	"001" :12345 678 910"'112"'8		

Attach Void Cheque or Preauthorized debit form here

I authorize Macaulay Tree House to debit my account for the account balance on a biweekly basis

Signature _____   Date: _____

Macaulay Tree House Day Nursery

50 The Granite Bluff Bracebridge, ON, P1L 1L4
Phone: 705-645-1953   fax: 705-645-5846
Email: treesap@bellnet.ca

I, _____ confirm that my child _____

has had a previous history of the following communicable diseases (please check box):

☐ Acquired Immunodeficiency Syndrome (AIDS)	☐ Meningitis (acute, bacterial or viral)
☐ Acute flaccid paralysis (AFP)	☐ Meningococcal disease
☐ Amebiasis	☐ Mumps
☐ Anthrax	☐ Ophthalmia neonatorum
☐ Botulism	☐ Paralytic shellfish poisoning (PSP)
☐ Brucellosis	☐ Paratyphoid Fever
☐ Campylobacter enteritis	☐ Pertussis (Whooping Cough)
☐ Chancroid	☐ Plague
☐ Chickenpox (Varicella)	☐ Pneumoncoccal disease
☐ Chlamydia trachomatis infections	☐ Poliomyelitis
☐ Cholera	☐ Psittacosis/Omithosis
☐ Clastridium difficile associated disease (CDAD)	☐ Q Fever
☐ Creutzfeldt-Jakob Disease	☐ Rabies
☐ Cryptosporidiosis	☐ Respiratory infection
☐ Cyclosporiasis	☐ Rubella
☐ Diptheria	☐ Rubella, congenital syndrome
☐ Encephalitis	☐ Salmonellosis
☐ Food poisoning, all causes	☐ Severe Acute Respiratory Syndrome (SARS)
☐ Gastroenteritis	☐ Shigellosis
☐ Giardiasis	☐ Smallpox
☐ Gonorrhoea	☐ Syphilis
☐ Group A Streptococcal disease or Group B Streptoccal disease	☐ Tetanus
	☐ Trichinosis
☐ Haemophilus influenza b disease	☐ Tuberculosis
☐ Hantovirus pulmonary syndrome	☐ Tularemia
☐ Hemorrhagic fevers	☐ Typhoid Fever
☐ Hepatitis A, B, or C	☐ Verotoxin-producing E. coli infection
☐ Influenza	☐ West Nile Virus Illness
☐ Lassa Fever	☐ Yellow Fever
☐ Legionellosis	☐ Yersiniosis
☐ Leprosy	
☐ Listeriosis	
☐ Lyme disease	
☐ Malaria	
☐ Measles	

☐ My child **does not** have a previous history of any of the above communicable diseases.

Parent/Guardian Signature:_____

Pre-Authorized Debit (PAD) Schedule for Macaulay Tree House

2019-2020

September 2019

Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	△6	7
8	9	10	11	12	13	14
15	16	17	18	19	△20	21
22	23	24	25	26	27	28
29	30					

October 2019

Su	M	Tu	W	Th	F	Sa
		1	2	3	△4	5
6	7	8	9	10	11	12
13	14	15	16	17	△18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November 2019

Su	M	Tu	W	Th	F	Sa
					△1	2
3	4	5	6	7	8	9
10	11	12	13	14	△15	16
17	18	19	20	21	22	23
24	25	26	27	28	△29	30

December 2019

Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	△13	14
15	16	17	18	19	20	21
22	23	24	25	26	△27	28
29	30	31				

January 2020

Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	△10	11
12	13	14	15	16	17	18
19	20	21	22	23	△24	25
26	27	28	29	30	31	

February 2020

Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	△7	8
9	10	11	12	13	14	15
16	17	18	19	20	△21	22
23	24	25	26	27	28	29

March 2020

Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	△6	7
8	9	10	11	12	13	14
15	16	17	18	19	△20	21
22	23	24	25	26	27	28
29	30	31				

April 2020

Su	M	Tu	W	Th	F	Sa
			1	2	△3	4
5	6	7	8	9	10	11
12	13	14	15	16	△17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May 2020

Su	M	Tu	W	Th	F	Sa
					△1	2
3	4	5	6	7	8	9
10	11	12	13	14	△15	16
17	18	19	20	21	22	23
24	25	26	27	28	△29	30
31						

June 2020

Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	△12	13
14	15	16	17	18	19	20
21	22	23	24	25	△26	27
28	29	30				

July 2020

Su	M	Tu	W	Th	F	Sa
		1	2	3	4	
5	6	7	8	9	△10	11
12	13	14	15	16	17	18
19	20	21	22	23	△24	25
26	27	28	29	30	31	

August 2020

Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	△7	8
9	10	11	12	13	14	15
16	17	18	19	20	△21	22
23	24	25	26	27	28	29
30	31					

△ **PAD Dates**