

1. How to register:

Visit the link <https://www.plasp.com/requestnewparent.aspx> and fill out the information below
Parent/Legal Guardian Registration - Account Information

1	2	3	4
Account Information	Send Email Verification	Verify Email	Access Your Account
Username* <input type="text"/> <small>Username is limited to only letters, numbers, and underscore. (no space) 3-25 characters long.</small>		Email Address* <input type="text"/>	
Password* <input type="password"/> <small>Password is case-sensitive. Minimum 8 characters long</small>		Confirm Password* <input type="password"/>	
First Name* <input type="text"/>		Last Name* <input type="text"/>	

Check this box if you have ever had a child registered with PLASP Child Care Services.

It is PLASP policy to communicate primarily through e-mail. For the safety of your children enrolled in PLASP programs, all communications about your children, or their programs, will be sent to you by e-mail at the e-mail address provided by you above.

Consent

To receive occasional e-mails about additional or new programs, services, or events offered by PLASP, please click on the "check box" above. PLASP will not distribute your e-mail address to third parties unless required to do so to provide its services or to comply with the law. It is PLASP policy to only send commercial e-mails of interest and value to the parents/legal guardians of children in our programs, and only when necessary to do so. PLASP does not send e-mails promoting the services or goods of third parties

Next >

2. Check your email and click on the link to validate your email

Select Language Powered by Google Translate



[About Us](#) [Programs](#) [Fees](#) [Why PLASP?](#) [Register](#) [Join Our Team](#)

[Home](#) / [Register](#)

Welcome to PLASP's online registration system. Please create a unique username and password by filling in the fields below.

Subsidy: Families can apply for fee subsidy from the Regional Municipality of Peel or the City of Toronto. [Learn more about available subsidies.](#)

Computer Requirements: To complete the registration process you will require Internet Explorer 7 / 8 / 9 / 10 / 11, Firefox 4+ or Chrome 8+ with the following options enabled: "Javascript" and "Cascading Style Sheet" activated, a screen resolution of 980 x 1280 or higher, 128-bit encryption and cookies enabled.

Parent/Legal Guardian Registration - Send Email Verification

1	2	3	4
Account Information	Send Email Verification	Verify Email	Access Your Account

Thank you

An email has been sent to your email address "saanaqaaz786@gmail.com" with a link to verify your email address. Please check your email (including your Junk mail folder) and click on the link to confirm that your email account is correct.

3. Check your email and look for the link below. Please also **check "spam" folder.**

Email Confirmation for New Parents ▾ Inbox x



PLASP Child Care Services <childcare@plasp.com> [Unsubscribe](#)

to me ▾

Thank you for your interest in registering your child in a PLASP program.

The next few steps of registration will require you to provide additional information. A list of required information can be found [here](#). Having this information on hand in advance will help you get through the registration process more smoothly.

When you have the information gathered, click the link below, and your email address will be confirmed.

<https://www.plasp.com/ConfirmNewParentEmail?tokenID=951190ce-26c7-4f12-9f23-8a05170aa365>

Should you have any questions throughout the registration process, please reply to this email or contact Parent Services at [647-484-4372](tel:647-484-4372) (toll free: [1-888-739-4102](tel:1-888-739-4102)) between 7 a.m. and 6 p.m.

Thank you,

4. When you click on the link in the email, a Request Number is generated.

Parent/Legal Guardian Registration - Verify Email



Your account has been successfully created! An email has been sent with your login information and lists the documents and information you will be required to provide to complete the registration process. You may wish to keep this email for future reference.

Your Request Number is 00102108.

Please click "Next" to create your profile.

Next >

5. Click on Next, provide personal details and click save when done

Title

First Name*

Last Name*

Email*

Priority*

Primary Phone*

Secondary Phone

Address*
ex: 60 Courtneypark Drive
(number, street name, street type)

Unit No

City*

Postal Code*

Province/State*

Relationship to Children*

Security Word*

Security Word Hint*

Please provide a unique and familiar word that PLASP will use for identification purposes when contacting the PLASP head office for account information.

Employment Status*
 PLASP staff member Self-Employed Employed Student Not Currently Employed

6. You can add another Parent, by clicking “Yes”.

The screenshot shows the PLASP Child Care System interface. A modal dialog titled "Add A Parent" is open, asking "Would you like to add another parent/legal guardian? (Priority 2). Please note: IF the other parent/legal guardian has authorization to pick up your child, a Priority 2 profile must be completed." The dialog has "Yes" and "No" buttons. Below the dialog, a table lists the current parent/legal guardian:

PARENT/LEGAL GUARDIAN NAME	RELATIONSHIP TO CHILD/REN	PRIORITY	ACTION(S)
[Redacted]	FATHER	1	Edit Change Username Change Password

At the bottom of the page, there are "Save", "Logout", and "Next >" buttons. A "Registration Request#" field is visible on the right side of the page.

7. Click “Add Emergency Contact”. You must add minimum 2 emergency contacts. Click save when done

1	2	3	4	5	6	Registration Request#:
Parents Parent/Guardian Information	Emergency Emergency contacts information details	Children Child/ren's medical history and details	Payer Payer information details	Programs Child/ren's program information	Submit Final Review and Submit	

Emergency Contacts

[Add Emergency Contact](#)

There are currently no Emergency Contacts. Please add a minimum of 2 emergency contacts. An emergency contact is someone who can pick your child up in the event of an emergency. They will be called if either parent/legal guardian is unavailable. Please make sure to notify your emergency contacts that you are listing them as such.

[← Previous](#)
[Save](#)
[Logout](#)
[Next →](#)

Title*

First Name*

Last Name*

Email

Primary Phone*

Secondary Phone

Business Phone

Authorized for Child Pickup

Comments

[Save](#)
[Cancel](#)

8. Click Next to add child/children.

Registration Request#:

1	2	3	4	5	6
Parents Parent/Guardian Information	Emergency Emergency contacts information details	Children Child/ren's medical history and details	Payer Payer information details	Programs Child/ren's program information	Submit Final Review and Submit

Emergency Contacts

Addition successful x

[Add Emergency Contact](#)

EMERGENCY CONTACT	RELATIONSHIP TO CHILD	TELEPHONE	CHILDREN	ACTION(S)
[Redacted]	Aunt	[Redacted]		Edit Delete
[Redacted]	Cousin	[Redacted]		Edit Delete

[← Previous](#)

[Save](#)

[Logout](#)

[Next >](#)

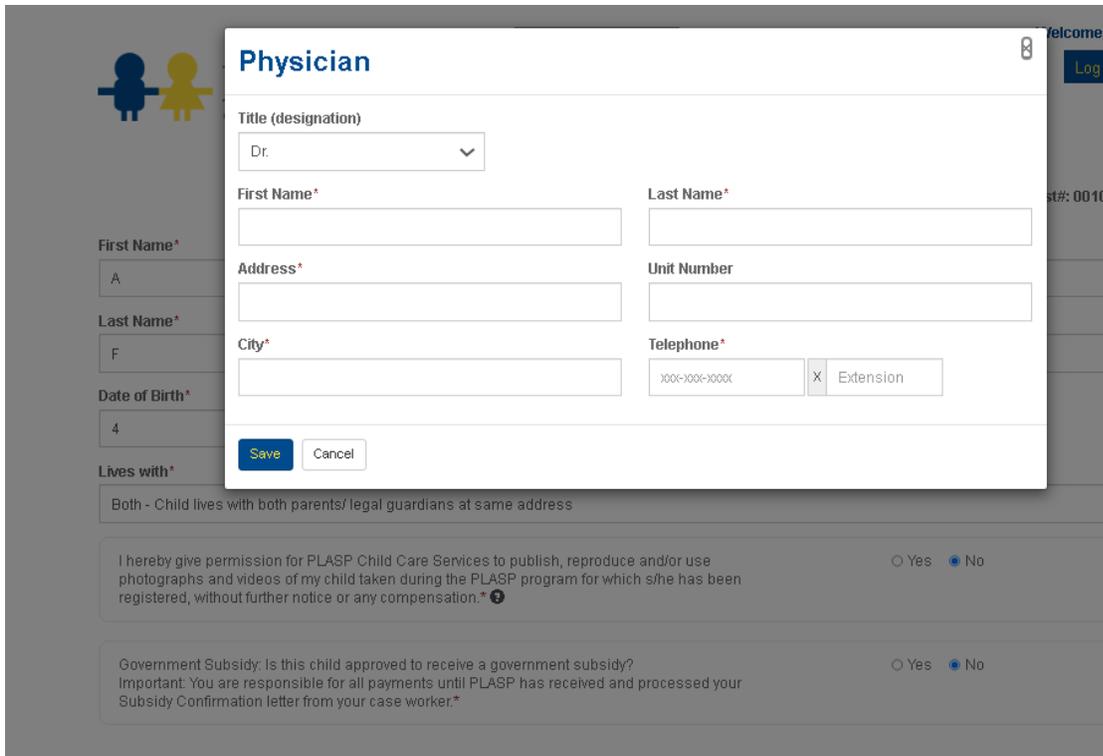
9. Click on “Add child” and provide necessary details.

First Name*	<input type="text"/>	Middle Initial	<input type="text"/>
Last Name*	<input type="text"/>	Preferred Name	<input type="text"/>
Date of Birth*	<input type="text" value="day"/> <input type="text" value="month"/> <input type="text" value="year"/>		
Lives with*	<input type="text" value="Both - Child lives with both parents/ legal guardians at same address"/>		
I hereby give permission for PLASP Child Care Services to publish, reproduce and/or use photographs and videos of my child taken during the PLASP program for which s/he has been registered, without further notice or any compensation.*		<input type="radio"/> Yes <input type="radio"/> No	
Government Subsidy: Is this child approved to receive a government subsidy? Important: You are responsible for all payments until PLASP has received and processed your Subsidy Confirmation letter from your case worker.*		<input type="radio"/> Yes <input type="radio"/> No	

Emergency Contact(s)

[New Emergency Contact](#)

You are required to add a family physician for your child. If you do not have a family physician, you can provide the nearest walk-in clinic information, which your child has attended. You can update this detail at any time to your family profile.



The image shows a web form for registering a physician. A modal window titled "Physician" is open, displaying a form with the following fields:

- Title (designation):** A dropdown menu with "Dr." selected.
- First Name*:** A text input field.
- Last Name*:** A text input field.
- Address*:** A text input field.
- Unit Number:** A text input field.
- City*:** A text input field.
- Telephone*:** A text input field with a mask "XXX-XXX-XXXX" and an "X" separator, followed by an "Extension" field.

At the bottom of the modal are "Save" and "Cancel" buttons. The background form is partially visible, showing fields for "First Name*" (A), "Last Name*" (F), "Date of Birth*" (4), and "Lives with*" (Both - Child lives with both parents/legal guardians at same address). There are also two consent sections with radio buttons for "Yes" and "No":

- Consent 1: "I hereby give permission for PLASP Child Care Services to publish, reproduce and/or use photographs and videos of my child taken during the PLASP program for which s/he has been registered, without further notice or any compensation.*" (No is selected).
- Consent 2: "Government Subsidy: Is this child approved to receive a government subsidy? Important: You are responsible for all payments until PLASP has received and processed your Subsidy Confirmation letter from your case worker.*" (No is selected).

Agree to all the statements and click "Save" when done

Requires medication on a regular or emergency basis during program hours? (Please be advised that PLASP Staff only administer medication in certain chronic care and emergency situations.)*

Yes No

Please agree to the following statements:

I understand that my child **MUST be enrolled at the School where he/she will attend the registered PLASP program(s)** and that this is a PLASP Registration Requirement. Note: Children registering at PLASP Child Care Centres are exempt.*

I Agree

I understand that complete and accurate medical information is required and that failing to fully disclose my child's medical information could endanger my child's safety.*

I Agree

I give permission that, in the event of an emergency, when the parent/legal guardian or authorized emergency contact persons cannot be reached, my child may be examined by a doctor and medical treatment may be given.*

I Agree

I understand that it is my responsibility to ensure that the information provided is kept up-to-date and that the PLASP Staff are aware of any medical information changes.*

I Agree

I am aware that PLASP Staff **do not** administer over-the-counter medications.*

I Agree

Comments

Disclosure

By clicking **SAVE** you have confirmed that the information disclosed above is accurate and up-to-date.

Save

Cancel

10. Click "Add Payer" pre-authorized banking details. Click "Authorize" when done

□



Add Payer

There are currently no Payers added

← Previous

Save

Logout

Next >

Account Nickname

Method of Payment*

Pre-Authorized Debit ▼

i You have selected to pay by Pre-Authorized Debit.

Select Institution/Bank*

Select a bank ▼

Required

Can't find your bank/institution? Click [here](#) to enter the details manually.

Transit Number*

Bank Number*

Account Number*

Jane Doe
123 First Ave.
Toronto, On M1W 3X2 Date _____

Pay To The
Order Of _____ \$ _____

Bank Name _____ /100 Dollars
Bank Address _____
Memo _____

! 1 2 3 4 5 - 1 2 3 4 5 6 7 8 9 0 *

Transit # Bank # Account #

For Pre-Authorized Debit payments you must read and acknowledge the following statements.

- I understand that the Bank is not responsible to verify whether these payments are properly debited to my account.* I Agree
- I declare that I have signing authority on the account provided above.* I Agree
- I understand that pre-authorized personal debits to PLASP will be in the amount listed on the applicable [fee chart](#) as published on [plasp.com](#) and will be debited from your bank account on the payment dates as indicated on [PLASP's payment calendars](#). I waive my right to receive pre-notification of the amount of the Pre-Authorized Debit (PAD) and agree that I do not require advance notice of the amount of the PAD's before the debit is processed.* I Agree
- I understand that I may increase the PAD amount or delay a payment by contacting PLASP at least 10 business days prior to the payment date listed on [PLASP's payment calendars](#).* I Agree
- I understand that I may cancel my pre-authorized personal payments by contacting PLASP 10 business days prior to the next payment. See PLASP's Parent Calendar for exact dates. For info on the right to cancel pre-authorized payments, contact your bank or visit [www.payments.ca](#)* I Agree
- I am aware that I have recourse rights if any debit does not comply with these terms, eg. any debit not authorized or not consistent with the agreement made with PLASP. For info on the right to cancel pre-authorized payments, contact your bank or visit [www.payments.ca](#)* I Agree
- I authorize PLASP and the financial institution designated to begin deductions as per the agreement with PLASP for regular recurring payments and/or one time payments as required.* I Agree

⚠ Authorize

By clicking Authorize you agree that the information entered above is true and accurate. Please note: If you are receiving a government subsidy, you are required to indicate this with your child's information.

11. Click "Next" to add Program

□ Registration Request#:

1	2	3	4	5	6
Parents Parent/Guardian Information	Emergency Emergency contacts information details	Children Child/ren's medical history and details	Payer Payer information details	Programs Child/ren's program information	Submit Final Review and Submit

Addition successful ✕

PAYER NAME	ACCT #	PAYER STATUS	REQUESTS	ACTION(S)
		Active		Edit

Registration Request#:

Location*

Blessed Michael J. McGivney C.S.

Child*

(9 yrs 3 months)

Search

Select the programs you require and click Next.

After School

Please Note: If your child is under 6 years old, they will be charged fees in accordance with [Canada-Wide Early Learning Childcare Agreement](#)

Oct 30, 2023

Waiting List

\$174.30
Bi-Weekly

After School Part-Time

Please Note: If your child is under 6 years old, they will be charged fees in accordance with [Canada-Wide Early Learning Childcare Agreement](#)

Oct 30, 2023

14

Waiting List

\$282.52
Per Package

PA Days 6-12 year olds

Please Note: If your child is under 6 years old, they will be charged fees in accordance with [Canada-Wide Early Learning Childcare Agreement](#)

Nov 20, 2023

Waiting List

\$69.50
Per PA Day

Cancel

Next >

If you have 2 or more children, please click on the box below: "By checking this box, you are able to see a list of your program preferences and indicate your program requirements. Click Next.

By checking this box, you are able to see a list of your program preferences and indicate your program requirements

START DATE	VISITS	AVAILABILITY	PAYMENT
School Age Programs (Please note PLASP currently offers a combined program that includes both kindergarten and school age children)			
<input checked="" type="checkbox"/> Before School			
Please Note: If your child is under 6 years old, they will be charged fees in accordance with Canada-Wide Early Learning Childcare Agreement			
Nov 06, 2023		Waiting List	\$98.20 Bi-Weekly
<input type="checkbox"/> Before School Part-Time			
Please Note: If your child is under 6 years old, they will be charged fees in accordance with Canada-Wide Early Learning Childcare Agreement			
Nov 06, 2023	14	Waiting List	\$173.46 Per Package
<input checked="" type="checkbox"/> After School			
Please Note: If your child is under 6 years old, they will be charged fees in accordance with Canada-Wide Early Learning Childcare Agreement			
Nov 06, 2023		Waiting List	\$174.30 Bi-Weekly

Under Program Cart Preference Page you can indicate **by checking the box**, if you want all children to be confirmed together for all selected programs. Click Next.

Program Cart Preference Page

Please select all programs for each child from the list below that you would like to be confirmed together.

⚠ Important Message. Please Read Carefully.

PLASP will not confirm your children in the program(s) selected below until space is available. If you would like your child confirmed in programs as they become available, please remove the checkmark from all programs below.

A F

PROGRAM	LOCATION	START DATE	AVAILABILITY
<input type="checkbox"/> PA Days 6-12 year olds	Blessed Michael J. McGivney C.S.	11/20/2023	Waiting List

D C

PROGRAM	LOCATION	START DATE	AVAILABILITY
<input type="checkbox"/> Before School	Blessed Michael J. McGivney C.S.	11/06/2023	Waiting List
<input type="checkbox"/> After School	Blessed Michael J. McGivney C.S.	11/06/2023	Waiting List
<input type="checkbox"/> PA Days 6-12 year olds	Blessed Michael J. McGivney C.S.	11/20/2023	Waiting List

More Options

- All children are to be confirmed together for all selected programs
- Each child may be confirmed separately but all selected programs by child must be confirmed together

[← Prev](#)

[Next](#)

Verify your payment allocation **percentage** and click "Save"

<input checked="" type="checkbox"/> PA Days 6-12 year olds	Nov 20, 2023	Waiting List	Fee: \$69.50 Next PAP Date: Nov 13, 2023	Per PA Day
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Message

Please allocate child care fees based upon a percentage of payment.
 You may allocate up to 2 payers per program and may use any percentage allocation as long as the total payment allocation = 100%.
 After saving the allocation, each payment request in "Requested" status will be emailed to the payer for authorization. **All payment requests must be AUTHORIZED before payments can be processed.**

<input type="checkbox"/>	PAYER NAME	% ALLOCATION	PAYMENT INFO	STATUS	COMMENT TO PAYER(OPTIONAL)
<input checked="" type="checkbox"/>		100	Bi-Weekly \$272.50 Per PA Day \$69.50	Authorized	
Total Payments:		100%	Bi-Weekly		\$272.50
			Per PA Day		\$69.50

[< Prev](#) [Save](#)

12. On the next screen, review all the program details and click on "Next"

Registration Request#: 00102108

1

2

3

4

5

6

Parents
Parent/Guardian Information

Emergency
Emergency contacts information details

Children
Children's medical history and details

Payer
Payer information details

Programs
Children's program information

Submit
Final Review and Submit

Programs

[Add Program](#) [Edit Program Preferences](#)

A F

PROGRAM NAME	START DATE	VISITS	PAYER(S)	AVAILABILITY	
Program: PA Days 6-12 year olds Location: Blessed Michael J. McGivney C.S.	Nov 20, 2023		noor faraz Status: Authorized	Waiting List	Edit Edit Payer(s) Delete
Program: After School Location: Blessed Michael J. McGivney C.S.	Oct 30, 2023		noor faraz Status: Authorized	Waiting List	Edit Edit Payer(s) Delete
Program: Before School Location: Blessed Michael J. McGivney C.S.	Oct 30, 2023		noor faraz Status: Authorized	Waiting List	Edit Edit Payer(s) Delete

[< Previous](#) [Next >](#)

13. Review and submit:

1	2	3	4	5	6
Parents Parent/Guardian Information	Emergency Emergency contacts information details	Children Children's medical history and details	Payer Payer information details	Programs Children's program information	Submit Final Review and Submit

Review and Submit

AF

PROGRAM NAME	START DATE	VISITS	PAYER(S)	AVAILABILITY	PAYMENT INFO
Program: PADays 6-12 year olds Location: Blessed Michael J. McGivney C.S. View More	Nov 20, 2023		noor faraz Status: Authorized	Waiting List	Fee: \$69.50 Payment Type: Per PADay Pay Date: Nov 13, 2023
Program: After School Location: Blessed Michael J. McGivney C.S. View More	Oct 30, 2023		noor faraz Status: Authorized	Waiting List	Fee: \$174.30 Payment Type: Bi-Weekly Pay Date: Oct 30, 2023
Program: Before School Location: Blessed Michael J. McGivney C.S. View More	Oct 30, 2023		noor faraz Status: Authorized	Waiting List	Fee: \$98.20 Payment Type: Bi-Weekly Pay Date: Oct 30, 2023

How did you hear about PLASP?*

Review the final statements and click submit:

How did you hear about PLASP?*

Comments/Special Instructions

I have read and agree to abide by PLASP's Policies, Practices, and Guidelines as outlined [here](#).*
 Yes No

I understand and give permission for my children, under the supervision of PLASP staff, to go on walks and visit parks near the school during program time.*

 I Agree

Please note that a **Non-Refundable and Non-Transferable administrative fee* of \$54.10 will be charged** upon confirmation into a program OR, when space becomes available for a waitlisted program which would result in an automatic confirmation and registration. ***This fee is not applicable to active families currently registered in a PLASP program***

 I Agree

I would like to receive promotional email communications from PLASP if you select "no," you will not be notified about available spaces in summer/winter/March break camps, PADay programs, or when PLASP opens new programs.*

 Yes No

I would like to receive PLASP's eNewsletter.*

 Yes No

I would like to receive PLASP's Annual Report.*

 Yes No

Digital Signature Authorization

Parent Full Name*

Today's Date (MMDDYYYY)*

14. When completed you will receive the message below:

Registration Request#: 00102237

Thank you for submitting your request. It is currently being processed. You will not be able to access your profile during this time. Once your request is processed, you will receive an email from PLASP with the status of your request.

Once your request has been processed, you will receive an email from the registration department with your program status. It will be either waitlist or confirmed space based on space availability.