

## How to Register for PLASP:

1. 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 VerificationVerify EmailAccess Your Account

**Username\***  
  
Username is limited to only letters, numbers, and underscore. (no space) 3-25 characters long.

**Email Address\***

**Password\***  
  
Password is case-sensitive. Minimum 8 characters long

**Confirm Password\***

**First Name\***

**Last Name\***


☐ 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 "checkbox" 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

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in

@

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Log In

Staff Log In

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 9+ 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

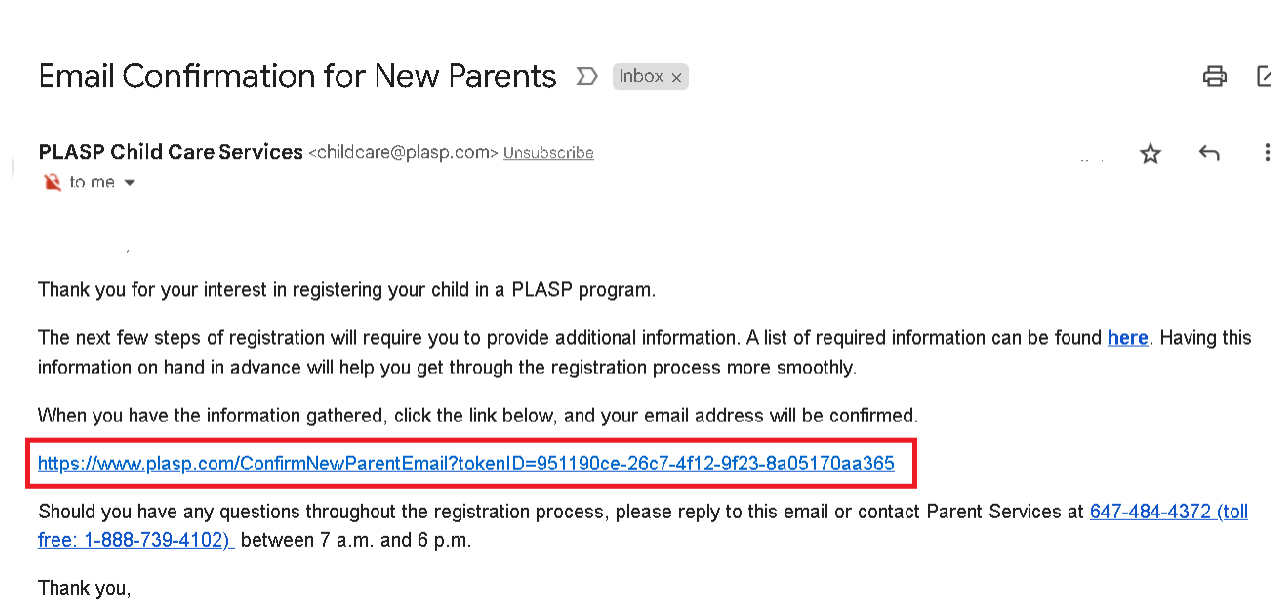
3

4

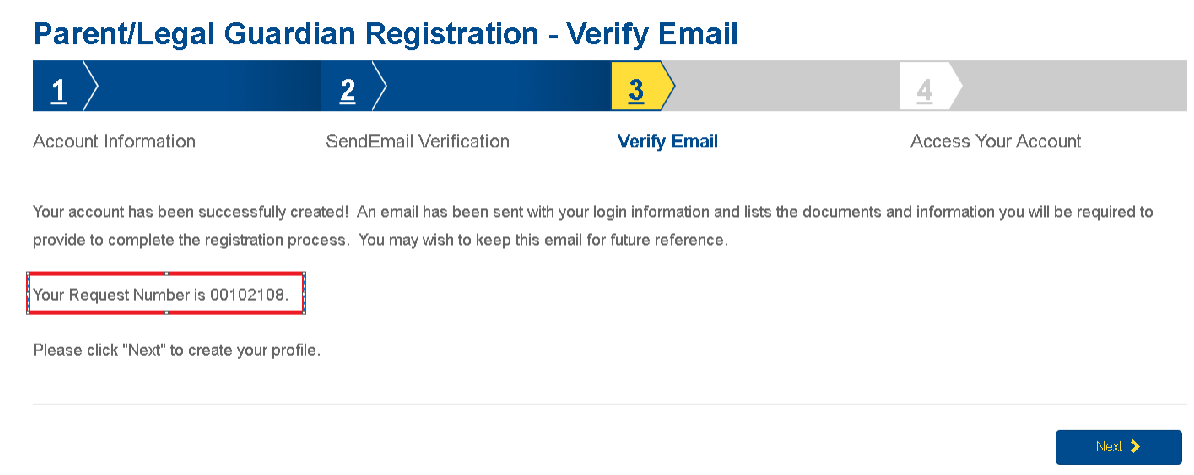
Account Information**Send Email Verification**Verify EmailAccess Your Account

Thank you  
An email has been sent to your email address "saanaazqazi760@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” and “Junk” folder.



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



5. Click on Next, provide personal details.



Select Language

Powered by Google Translate

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YouTube

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Welcome, S

Log Out

Registration Request#: 00120927

Message

The first Parent/Legal Guardian added will be designated Priority 1. The Priority 1 Parent/Legal Guardian will be PLASP's **primary contact** and receive all corporate and commercial communications and will be assigned a PLASP WebPortal login and password that will allow them access to the account.

If possible, it is recommended that you add a second Parent/Legal Guardian. This Parent/Legal Guardian will be designated as Priority 2. You may authorize this person to make changes to your account but they will only be able to do so by contacting PLASP Parent Services at 647-484-4372 (toll free: 1-888-739-4102).

Title

Select Title

First Name\*

S

Last Name\*

F

Email\*

busykids0846@gmail.com

Priority\*

1

Confirm Email\*

busykids0846@gmail.com

A verification email will be sent when you save your changes

Primary Phone\*

905-890-1711

Cell

Secondary Phone

Select

You have the option to opt in for receiving SMS. Click "Save" when done

Receive SMS

NEW

Opt-in to receive SMS text messages

☒ Yes

☐ No

Opt-in to Multi-factor Authentication

☐ Yes

☒ No

SMS changes will not be saved until you click Save

Phone:

905-890-1711

Cancel

Continue

Address\*

ex. 60 Courtneypark Drive  
(number, street name, street type)

City\*

Postal Code\*

Province/State\*

Ontario

Relationship to Child/ren\*

Select relationship

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

Save

Cancel

6. You can add another Parent, by clicking “Yes”. Then provide all the details and click “Save”

The screenshot displays the PLAS Child Care System interface. A modal window titled "Add A Parent" is centered on the screen. The modal contains a question mark icon and the text: "Add a Parent/Legal Guardian. 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." Below the text are two buttons: "Yes" and "No".

The background interface includes a top navigation bar with the PLAS logo, a search icon, and a "Log Out" button. A progress bar at the top shows steps 1 through 6. The main content area is titled "Parents / Legal Guardians" and features a green "Update successful" message. Below this is a table with the following data:

PARENT/LEGAL GUARDIAN NAME	RELATIONSHIP TO CHILD/REV	PRIORITY	ACTION(S)
[Redacted]	FATHER	1	<a href="#">Edit</a>   <a href="#">Change Username</a>   <a href="#">Change Password</a>

At the bottom of the interface, there are "Save" and "Logout" buttons on the left, and a "Next >" button on the right.

Title

Select Title ▼

First Name \*

Last Name \*

Email

Priority \*

2 ▼

Primary Phone \*

Select ▼

Secondary Phone

Select ▼

Receive SMS \*NEW\*

Opt-in to receive SMS text messages from PLASP?\*

☐ Yes ☒ No

Opt-in to Multi-factor Authentication through SMS?\*

☐ Yes ☒ No

SMS changes will not be saved until you click SAVE at the bottom of the page

☒ Same Address as Priority 1

Relationship to Child/ren \*

Select relationship ▼

☒ I authorize this parent/legal guardian to pick up any child/ren I register.

☐ I authorize this parent/legal guardian to have access to view and change all family account information via the telephone using the security word and hint I will provide below.

Employment Status\*

☐ PLASP staff member ☐ Self-Employed ☐ Employed ☐ Student ☐ Not Currently Employed

Save

Cancel

1

## Parents

Parent/Guardian Information

2

## Emergency

Emergency contacts information details

3

## Children

Child/ren's medical history and details

4

## Payer

Payer information details

5

## Programs

Children's program information

6

## Submit

Final Review and Submit

## Parents / Legal Guardians

Addition successful

X

PARENT/LEGAL GUARDIAN NAME	RELATIONSHIP TO CHILD/REN	PRIORITY	ACTION(S)
S F	GUARDIAN	1	<a href="#">Edit</a>   <a href="#">Change Username</a>   <a href="#">Change Password</a>
B K	FATHER	2	<a href="#">Edit</a>   <a href="#">Delete</a>

Save

Logout

Next &gt;

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

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

Registration Request#:

## 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.

&lt; Previous

Save

Logout

Next &gt;

**Title\***  
 Select Title ▼

**First Name\***

**Last Name\***

**Email**

**Primary Phone\***  
 Cell ▼

**Business Phone**  
 X  Extension

**Secondary Phone**  
 Select ▼

**Relationship to Child\***  
 Aunt ▼

☐ 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  
Children's program  
information

Submit  
Final Review and Submit

**Emergency Contacts**

Addition successful

**Add Emergency Contact**

EMERGENCY CONTACT	RELATIONSHIP TO CHILD	TELEPHONE	CHILDREN	ACTION(S)
	Aunt			<a href="#">Edit</a>   <a href="#">Delete</a>
	Cousin			<a href="#">Edit</a>   <a href="#">Delete</a>


**Previous** **Save** **Logout** **Next**

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



<b>First Name*</b>	<b>Middle Initial</b>
<input type="text"/>	<input type="text"/>
<b>Last Name*</b>	<b>Preferred Name</b>
<input type="text"/>	<input type="text"/>
<b>Date of Birth*</b>	
day <input type="text"/>	month <input type="text"/> year <input type="text"/>
<b>Lives with*</b>	
Both - Child lives with both parents/ legal guardians at same address <input type="text"/>	
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	
<a href="#">Emergency Contact(s)</a>	
<input type="button" value="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.



First Name\*

A

Last Name\*

F

Date of Birth\*

4

Lives with\*

Both - Child lives with both parents/ legal guardians at same address

Title (designation)

Dr.

First Name\*

Last Name\*

Address\*

Unit Number

City\*

Telephone\*

1000-1000-1000X Extension

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.\*

☐ Yes ☒ 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.\*

☐ Yes ☒ No

9


## 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.)*	<input type="radio"/> Yes <input type="radio"/> No
--	--

**Please agree to the following statements:**

I understand that my child <b>MUST be enrolled at the School where he/she will attend the registered PLASP program(s)</b> and that this is a PLASP Registration Requirement. Note: Children registering at PLASP Child Care Centres are exempt.*	<input type="radio"/> 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.*	<input type="radio"/> 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.*	<input type="radio"/> 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.*	<input type="radio"/> I Agree
I am aware that PLASP Staff <b>do not</b> administer over-the-counter medications.*	<input type="radio"/> I Agree

**Comments**

 Disclosure

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

Save

Cancel

You can click on “Add Child” again to add a second child

Registration Request#: 00120927

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

## Children

Addition successful

Add Unborn Child

Add Child

CHILD	AGE	ACTION(S)
A F	10 Years Old	<a href="#">Edit Child</a>   <a href="#">Edit Medical</a>   <a href="#">Delete</a>
B K	5 Years Old	<a href="#">Edit Child</a>   <a href="#">Edit Medical</a>   <a href="#">Delete</a>

Previous

Save

Logout

Next

10. Click Next and “Add Payer” pre-authorized banking details. Click “Authorize” when done

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

Add Payer

There are currently no Payers added

Previous

Save

Logout

Next

Account Nickname

Method of Payment\*

Pre-Authorized Debit

You have selected to pay by Pre-Authorized Debit.

Select Institution/Bank\*

CANADIAN IMPERIAL BANK OF COMMERCE (010)

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

Transit Number\*

01702

Bank Number\*

010

Account Number\*

XXXXX0889

Bank Info

123 First Ave.  
Toronto, On M1W 3K2

Date

Pay To The  
Order Of

\$

/100 Dollars

Bank Name

Bank Address

Memo

01702-010-XXXXX0889

Transit #

Bank #

Account #



When Adding New banking information: Bank Names such as TD, Scotiabank, RBC, CIBC, Simplii Financial etc. All of them need to be selected with the Full Name NOT with the acronyms' or selecting Trust Company at the end (this would be a corporate account).

TD = The Toronto Dominion Bank of Canada

Scotiabank = The Bank of Nova Scotia

CIBC= Canadian Imperial Bank of Commerce

RBC= Royal Bank of Canada

PC Financial is Simplii Financial - Division of CIBC

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.

Authorize

Cancel

## 11. Click "Next" to add Program

Registration Request#:

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

Addition successful

Add Payer

PAYER NAME	ACCT #	PAYER STATUS	REQUESTS	ACTION(S)
		Active		<a href="#">Edit</a>

Previous

Save Logout

Next

Click Next and “Add program” Select the School your child will be attending and the Child’s name and click Search:

Location*	Child*
Blessed Michael J. McGivney C.S. ▼	A F (10 yrs 6 months) ▼
<div>Search</div>	
After clicking Search, please wait for results to load before clicking again.	

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 type="checkbox"/> Before School			
<b>Please Note: For Families Registering in Toronto Schools:</b> Children enrolled solely in the Before School program are ineligible for PA Days, Winter Break, and Spring Break programs. If your child is under 6 years old, they will be charged fees in accordance with <a href="#">Canada-Wide Early Learning Childcare Agreement</a> .			
Sep 01, 2025 ▼	Waiting List ▼	\$103.70	Bi-Weekly
<input checked="" type="checkbox"/> After School			
<b>Please Note: For Families Registering in Toronto Schools:</b> By registering your child in a before and/or after school program, you agree that effective September 2025, your child will also be registered in PLASP’s <b>P.A. Days</b> , <b>Winter Break</b> , and <b>Spring Break</b> programs. Please refer to our <a href="#">fees</a> for payment dates and rates. Children under 6 will be charged per the <a href="#">Canada-Wide Early Learning Childcare Agreement</a> .			
Sep 01, 2025 ▼	Waiting List ▼	\$184.00	Bi-Weekly
<input checked="" type="checkbox"/> PA Days 6-12 year olds			
<b>Please Note:</b> If your child is under 8 years old, they will be charged fees in accordance with <a href="#">Canada-Wide Early Learning Childcare Agreement</a> .			
Sep 15, 2025 ▼	Waiting List ▼	\$73.37	Per PA Day
<div>Cancel</div>		<div>Next &gt;</div>	

**For Toronto Families:**

When adding child to the Toronto location, when you click on after school program, it will auto select PA, Winter holiday, and Spring break program (it comes with a package)

☒ After School Package

**Please Note: For Families Registering in Toronto Schools:** By registering your child in a **before and/or after school program**, you agree that effective September 2025, your child will also be registered in PLASP's **P.A. Days, Winter Break, and Spring Break** programs. Please refer to our [fees](#) for payment dates and rates. Children under 6 will be charged per the [Canada-Wide Early Learning Childcare Agreement](#).

Sep 01, 2025 ▾

Waiting List ▾

\$198.50  
[Bi-Weekly](#)

☒ PA Days 6-12 year olds (requires After School Package)

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

**Please Note:** This program has been automatically selected as part of your program package.

Sep 22, 2025 ▾

Waiting List ▾

\$54.55  
[Per PA Day](#)

☒ Winter Holiday Program (requires After School Package)

**Please Note:** All locations are subject to change with notice, and are subject to sufficient enrolment and/or changes by local public health units.

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

**Please Note:** This program has been automatically selected as part of your program package.

Dec 29, 2025 ▾

Waiting List ▾

\$218.20  
[One-Time](#)

☒ Spring Break Program (requires After School Package)

Select your program preference by selecting one of the options below:

Program Cart Preference Page

Before and After School Preference Selection

**Please select one of the following options:**

Confirm my child/ren when


- ☐ Both the before **and** after school programs are available for **all children**
- ☐ The **same program** type (eg: after school program) is available for **all children**
- ☒ Any program is available for **any child**

◀ Prev

Next ▶

If you are adding two location to your profile, you are able to select your program preference by changing the numbers:

Your registration request has two (2) or more program locations that operate at the same time. Please select the order you wish your child to be registered.  
If this is not what you intended, please click the trash can icon next to each program location you do not want and then press the “close” button at the bottom of the screen.

PROGRAM DETAILS	AVAILABILITY	STATUS	PREFERENCE	ACTION(S)
<b>Program Name:</b> Before School <b>Location:</b> Corsair P.S. <b>Start Date:</b> Sep 01, 2025	Waiting List	Pending	1 ▾	
<b>Program Name:</b> Before School <b>Location:</b> Edenrose P.S. <b>Start Date:</b> Sep 01, 2025	Waiting List	Waiting-List	2 ▾	

Save

Close



If a parent has calls and says that they are unable to register because they have added two children to their profile, but only added a program for one child. Ask the parent to go back to the Step 3 and delete the child that they did not add the program. Once this is done, then the parent can submit their application.

Verify your payment allocation **percentage** and click “Save”

Please note that fees will NOT be charged for programs on the waiting list.

You are able to share child care fees between up to 2 payers per program. To do so, add the additional payer BEFORE registering your child in the program. You will have an opportunity to allocate payments to payers at the time you add program(s).

Fees are subject to change with notice.

	START DATE	AVAILABILITY	NEXT PAP DATE	PAYMENT TYPE
<b>Blessed Michael J. McGivney C.S.</b>				
<input checked="" type="checkbox"/> After School	Sep 01, 2025	Waiting List	Fee: \$184.00 Next PAP Date: Sep 02, 2025	Bi-Weekly
<input checked="" type="checkbox"/> PADays 6-12 year olds	Sep 15, 2025	Waiting List	Fee: \$73.37 Next PAP Date: Sep 15, 2025	Per PA Day

#### 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.**

	PAYER NAME	% ALLOCATION	PAYMENT INFO	STATUS	COMMENT TO PAYER (OPTIONAL)
<input checked="" type="checkbox"/>	S F	100	<b>Bi-Weekly</b> \$184.00 <b>Per PA Day</b> \$73.37	Authorized	
<b>Total Payments:</b>		100%	<b>Bi-Weekly</b> \$184.00 <b>Per PA Day</b> \$73.37		

← Prev

Save

\*\*\*\*If we change payment cycle to semi monthly in the future, biweekly payments will not make sense as it will be different each month based on the number of days between 1<sup>st</sup> and 16<sup>th</sup> of each month

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

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

## Programs

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

A F

PROGRAM NAME	START DATE	VISITS	PAYER(S)	AVAILABILITY	
<b>Program:</b> After School <b>Location:</b> Blessed Michael J. McGivney C.S. <a href="#">View More</a>	Sep 01, 2025		S F Status: Authorized	Waiting List	<a href="#">Edit</a> <a href="#">Edit Payer(s)</a> <a href="#">Delete</a>
<b>Program:</b> PA Days 6-12 year olds <b>Location:</b> Blessed Michael J. McGivney C.S. <a href="#">View More</a>	Sep 15, 2025		S F Status: Authorized	Waiting List	<a href="#">Edit</a> <a href="#">Edit Payer(s)</a> <a href="#">Delete</a>

B K

PROGRAM NAME	START DATE	VISITS	PAYER(S)	AVAILABILITY	
<b>Program:</b> After School (Under 6 Years Old) <b>Location:</b> Blessed Michael J. McGivney C.S. <a href="#">View More</a>	Sep 01, 2025		S F Status: Authorized	Waiting List	<a href="#">Edit</a> <a href="#">Edit Payer(s)</a> <a href="#">Delete</a>
<b>Program:</b> PA Days 6-12 year olds (Under 6 Years Old) <b>Location:</b> Blessed Michael J. McGivney C.S.	Sep 15, 2025		S F Status: Authorized	Waiting List	<a href="#">Edit</a> <a href="#">Edit Payer(s)</a> <a href="#">Delete</a>

13. Review and submit:

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
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	<b>Submit</b> Final Review and Submit

Review and Submit

A F

PROGRAM NAME	START DATE	VISITS	PAYER(S)	AVAILABILITY	PAYMENT INFO
<b>Program:</b> After School <b>Location:</b> Blessed Michael J. McGivney C.S. <div>View More</div>	Sep 01, 2025		S F <b>Status:</b> Authorized	Waiting List	<b>Fee:</b> \$184.00 <b>Payment Type:</b> Bi-Weekly <b>Pay Date:</b> Sep 02, 2025
<b>Program:</b> PA Days 6-12 year olds <b>Location:</b> Blessed Michael J. McGivney C.S. <div>View More</div>	Sep 15, 2025		S F <b>Status:</b> Authorized	Waiting List	<b>Fee:</b> \$73.37 <b>Payment Type:</b> Per PA Day <b>Pay Date:</b> Sep 15, 2025

B K

PROGRAM NAME	START DATE	VISITS	PAYER(S)	AVAILABILITY	PAYMENT INFO
<b>Program:</b> After School (Under 6 Years Old) <b>Location:</b> Blessed Michael J. McGivney C.S. <div>View More</div>	Sep 01, 2025		S F <b>Status:</b> Authorized	Waiting List	<b>Fee:</b> \$120.00 <b>Payment Type:</b> Bi-Weekly <b>Pay Date:</b> Sep 02, 2025
<b>Program:</b> PA Days 6-12 year olds (Under 6 Years Old) <b>Location:</b> Blessed Michael J. McGivney C.S. <div>View More</div>	Sep 15, 2025		S F <b>Status:</b> Authorized	Waiting List	<b>Fee:</b> \$22.00 <b>Payment Type:</b> Per PA Day <b>Pay Date:</b> Sep 15, 2025

Review the final statements and click submit:

How did you hear about PLASP?\*

Select a referral reason



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 child/ren, 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)\*

Submit

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.