

Registration Form (One Per Family)

- Child's Name: _____

Age: ____ Grade: ____ Teacher: _____

Care Needed - Am ____ Pm ____

Program Usage - Full Time ____ Part Time ____

- Parents/Guardian

Name: _____

Home Phone: (____) ____ - ____ Business Phone: (____) ____ - ____

- Alternate/Emergency Contact (Other Than Parents)

Name: _____ Name: _____

Phone Number: (____) ____ - ____ Phone Number: (____) ____ - ____

- Others Allowed To Access To Your Child

Name: _____ Name: _____

Relationship: _____ Relationship: _____

- Others **NOT** Allowed To Access To Your Child:

-
- Allergies: _____

I, the parent/guardian of: _____ hereby give my approval and acknowledgement to the information mentioned on the pervious page child's participation in the Before and After School Program. I hereby consent to any emergency medical attention, care or treatment considered necessary by the director, assistant, or any other responsible adult. I hereby release and agree to hold harmless the Before and After Program and its employees or any responsible adult from any and all actions, claims, liabilities connected with this program without limitations.

I understand that the staff cannot allow children to walk home by themselves unless otherwise instructed, It is also understood that in addition to verbal consent a release form must be signed by myself, before any staff can allow my child to walk home alone. I understand it is my responsibility to keep this form updated so the staff are always aware of who can pick up my child.

- Email Address: _____

- Parents/Guardian: _____

- Signature

- Date: _____

Medie C# 306-321-4817

BEFORE AND AFTER SCHOOL PROGRAM

PARTICIPANTS

All children attending school are eligible to take part in the program either full time or part time.

HOURS OF OPERATION

Our program runs Monday to Friday, We start at 7:30am -8:30am and from 3:30pm-5:30pm in the pm
We meet in the science room.

FEE SCHEDULE

The rate per hour for each child attending is as follows;

\$4.00---one child

\$6.00---two children

\$8.00---three children

THE RATE PER HOUR FOR EACH CHILD BOOKED LATER THAT SUNDAY IS AS FOLLOWS;

\$4.50---one child

\$6.50---two children

\$8.50---three children

Children have access to gym, computer, games ,and outdoor activities while being supervised. When you call to book your child, please state child's name and the school he attends. If you have any question please call *Medie Mendoza* at 954-4817 and leave a message.

BOOKING AND CANCELLATIONS

You can call me anytime to cancel or to book your child in, but it is very important that you call back when plans change. Some day too many minutes are spent tracking down a child that didn't show up for the program, when often it was because the child was picked up safely and a call was forgotten. Please call me at 954-4817 as it is not the school secretary's job to let me know your change of plans.

- **Bills**

Your total is due the last **School Day** of each month via email. Cheques are payable to Medie Mendoza, if paying by cash, please put it in a sealed envelope with the child's name, workers can also accept it. Registration fees will be applied to your first month bill. A late fee of \$5.00 is applied if the bill is unpaid 7 days after receiving bills. A \$5.00 charge will be applied to pickups every 15 minutes after 5:30pm. Income tax receipt will be issued in January

- **Attendance and Absence**

- **Regular Participants** – Using the program am and or pm Monday to Friday. The parent must call me by phone if the child is no going to attend on a day, we would normally expect them. If you call to cancel by 1:30pm, for that day, there will be no charge. **We Will Not Accept Notification by Child**
- **Part Time Participants** – Using the program once or twice a week, a month or a year. The parents must phone each Sunday their weekly needs. Part time users will be charged their time booked even cancellation occurs. We still need a call, so we don't go searching for your child.

- **Dismissal**

Upon enrolling in the program, the parent(s) must inform me in whose custody the child(ren) are to be release to their: natural parents, stepparents, siblings, etc. If a person arrives to pick up a child, we will not allow him/her to leave until we have checked their requisition form and that person's name is on their sheet, as a person on the "allowed to pick up your child". Please phone me if you are sending someone unknown to pick up your child and that person's names will be added to your child's form, A child will have to be picked up by a parent or guardian, unless stating otherwise (ex: to walk home)

Parents please let the care giver know that you are taking your child. Sometimes a parent takes their child without letting us know. This cause concern, panic and we must call to make sure the child is safe. Please take two seconds to let us know you are here.

Any question or concern please call: Medie Mendoza at (306) 954-4817, please not by email.