



REGISTRATION FORM

STUDENT INFORMATION

Child's Name : _____

Male Female

Child's Date of Birth : _____

Bus # : _____

Teacher : _____

Grade : _____

PARENT INFORMATION

Parent's Name : _____ Mother Father

Phone: Home : _____ Work : _____ Cell : _____

Address : _____

Email : _____

Parent's Name : _____ Mother Father

Phone: Home : _____ Work : _____ Cell : _____

Address : _____

Email : _____

EMERGENCY CONTACT INFORMATION (OTHER THAN PARENTS)

Emergency Contact #1 Name : _____

Relationship to child : _____

Address : _____

Phone : Home : _____ Cell : _____

Emergency Contact #2 Name : _____

Relationship to child : _____

Address : _____

Phone : Home : _____ Cell : _____

Authorized person to whom your child may be released (**other than parents**) :

1. _____ 2. _____

EMERGENCY CARE INFORMATION

Family Doctor : _____ Phone Number : _____

Are your Child's Immunizations up to date? Yes No

Does your child have any allergies? Yes No

If yes, please list, along with possible reactions:

Does your child have health concerns or take regular medication? Yes No

If yes, explain: _____

I give the permission to provide emergency Child First Aid care, Yes No
to contact 911 if needed and pay the fees.

OUT OF SCHOOL CARE PROGRAM

Choose : Before After Before & After PD day

- **Before:** The monthly fees are 190,00\$. This program runs from 7 :00 am to 8 :30 am and includes PD days.
- **After :** The monthly fees are 285,00\$. This program runs from 3 :00 pm to 6 :00 pm (3 :00 pm to 5 :00 pm on Friday and PD days) and includes PD days.
- **Before & After :** The monthly fees are 375,00\$ including PD days.
- **PD days (if available):** The PD day fees are 45,00\$.
- **Non-refundable registration fees :** 50\$

Montly fees are due on the 1st of the month and no credit is provided for missed days. **A penalty of 10,00\$ for each 10 minute period/child will be charged if the children are not picked up by 6:00 p.m (5:00 p.m on Friday and PD days). A penalty of 10,00\$ will be charged for each failure to notify of absence. There is also a \$25.00 charge for all NSF Cheques.**

REGISTRATION DATE AND SIGNATURE

I hereby declare that the information I have provided is correct, that I have read and understand the Out of School Care Parent Handbook, agree pay all registration fees and follow the stated guidelines and policies.

Signature

Date

If any of the above information changes during the course of the program, please update this registration form.