



## **St. Margaret's School After School Care Program 2011-2012 School Year Registrations**

Primary After School Care: Kindergarten, Grades 1-3  
Intermediate After School Care: Grades 4-6

The St. Margaret's School is now taking registrations for the 2011- 2012 school year.

After School Care is available daily from 3:00 pm to 5:30 pm on a monthly basis. Drop-in care is also available. If you would prefer to use drop-in only for the new school term, please inform the After School Care supervisor of your intent by filling out and submitting the Agreement and Registration forms. This information must be in place before you can use the drop-in care service.

### Extra-curricular Activities:

The dates for many after school activities (music, speech, etc.) and parent work schedules may not be known until just before the start of the school term in September. If you would like to use the After School Care services but you need to determine your work schedule, please inform the After School Care supervisor of your intent to enroll in After School Care by filling out and submitting the Parent/Guardian Agreement and Registration form stating that you are waiting for confirmation of dates and times for these activities. This will hold a spot for your child and, upon receipt of payment, your child's enrollment in After School Care will be complete.

Pre-registration for special days such as Professional Development, early dismissal and Holiday Camps will be done separately from the regular month-to-month registrations.

### SMS After School Care Fees for 2011-2012 school year:

- \$277.00 per month for 5 days per week
- \$277.00 per month for 4 days per week
- \$233.00 per month for 3 days per week
- \$155.00 per month for 2 days per week
- \$78.00 per month for 1 day per week
- \$30.00 per day for drop-in
- \$39.00 per day for Day Camp(s)

If you would like more information regarding After School Care, if you have any questions or if you would like to request a registration form, please contact:

Tania Spadafora, Supervisor of After School Care at 250-812-5324.



**Primary/Intermediate  
After School Care**

REGISTRATION  
September 2011 - June 2012

Please complete all the forms enclosed and return forms to the Junior School office.

Upon processing your application, the After School Care Program Manager will contact you by phone to confirm your registration in the Program. Please note that once your registration for the Program is confirmed, one month written notice is needed if you wish to cancel and avoid a charge to your account.

We will require After School Care on the following days: (please check)

Monday  Tuesday  Wednesday  Thursday  Friday

Or Drop in only

For the following months: (please select all that apply)

Sept.  Oct.  Nov.  Dec.  Jan.  Feb.  Mar.  April  May  June

Name of student: \_\_\_\_\_ Grade: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work number \_\_\_\_\_

Father's Name \_\_\_\_\_ Work number \_\_\_\_\_

NAMES AND PHONE NUMBERS of people authorized to pickup child in case of emergency.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_



## Parent or Guardian Agreement St. Margaret's After School Care Program

This AGREEMENT made on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, between St. Margaret's After School Care Program AND \_\_\_\_\_.

Please sign, date and return the agreement form along with your child's registration information. If you have any questions, please see the Program Manager for clarification before you enroll your child.

WHEREAS the Parent wishes to register the child/children named in the attached Application Form with St. Margaret's School Care Program AND WHEREAS St. Margaret's After School Care Program has certain responsibilities that must be fulfilled by the Parent as a condition of St. Margaret's After School Care Program accepting such redistration.

NOW THEREFORE THIS AGREEMENT WITNESSETH that in consideration of St. Margaret's After School Care Program accepting registration of the child/children named in the attached Application Form, the Parent does hereby agree to fulfill the following responsibilities, that is:

### 1. PAYMENT OF FEES

Fee structure for 2011-2012 is as follows:

- \$277.00 per month for 5 days per week
- \$277.00 per month for 4 days per week
- \$233.00 per month for 3 days per week
- \$155.00 per month for 2 days per week
- \$78.00 per month for 1 day per week
- \$30.00 per day for drop-in
- \$39.00 per day for Day Camp(s)

Fees for ASC for 2011-2012 may be charged to your SMS account.

### 2. REFUNDS

No repayment of fees shall be given for days missed due to illness, vacation, school closures, special events or statutory holidays.

### 3. WITHDRAWAL



## ST. MARGARET'S SCHOOL

Parent/Guardian shall provide one month's written notice to withdraw their child from the St. Margaret's After School Program. In the absence of such written notice, the fee for the following month shall remain due and payable.



## **4. PENALTY PAYMENTS**

Parent/guardian will ensure that their child is picked up from the After School Care Program by 5:30 p.m. If parents are late, the child will be taken to Alexis Hall as per the Release of Child Policy and a penalty of \$10.00 for each 15 minutes will be charged to their account starting at 5:45 p.m.

## **5. SNACK**

Parents shall provide a nutritional snack for their child/children attending After School Care.

## **6. ALTERNATE PICK-UP**

Parents/Guardians will inform the staff if their child is to be picked up by someone not listed as authorized to pick the child up on the Registration Form.

## **7. PROGRAM ATTENDANCE**

Parents/Guardians shall inform the staff if their child will not be attending the Program for any reason, and will do so well in advance of their expected arrival, so the staff are not worrying or looking for the child.

## **8. IMMUNIZATION RECORD**

Parents/Guardians shall provide the After School Care Program with a copy of their child's immunization record.



After School Care
Medical Information Form

Name of Student: \_\_\_\_\_
Grade: \_\_\_\_\_ Date of birth: \_\_\_\_\_
Family Physician: \_\_\_\_\_ Day Phone: \_\_\_\_\_
BC Healthcare Personal Health No.: \_\_\_\_\_

Please indicate if your daughter has any of the following medical problems:

Table with 2 columns: Medical Condition (Allergies, Asthma, Diabetes, Epilepsy, Heart Condition, Hearing, Vision, Other) and Description/Questions (e.g., Allergies: (list), Requires emergency treatment? YES NO, Specify medication).

Medications to be kept with the student for any of the above medical conditions?
YES NO



# ST. MARGARET'S SCHOOL

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_



# ST. MARGARET'S SCHOOL

## Parent or Guardian Agreement

The undersigned parent, in consideration of St. Margaret's After School Care Program accepting the child/children set forth on the attached Application Form, hereby agrees to pay the agreed fees, and be bound by all of the terms set forth in this agreement for the September to June school term.

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Fieldtrip Consent

On all fieldtrips away from the facility, children will be transported to the scheduled destination by bus. This consent form will also cover any regularly scheduled activities that occur on a daily basis, such as gym time and outdoor play activities.

The General Medical Consent forms will apply to all fieldtrips.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### General Medical Consent

Parent/Guardian signature on this consent form authorizes the staff to give any medical attention required by your child while in the care of the St. Margaret's School After School Care Program, and to make arrangements for special transportation (e.g. ambulance) to a medical facility. Insurance for the child and the cost of special transportation is the sole responsibility of the parent. Any injured or ill child will be accompanied by a supervisor at all times. Every attempt will be made to contact the parent/guardian as soon as possible.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_