

École St. Thomas d'Aquin Before and After School Care Program Registration Form 2017-2018

For Office Use Only

- Deposit
- First month cheque/cash
- Signed up for Cash Online

STUDENT/FAMILY INFORMATION – Please print

Legal Name: _____
(Last Name)
(First Name)
(Middle Name)

Date of Birth: _____
(Year / Month / Day)

Street Address/Mailing Address (Legal land description if a P/O Box):

City: _____ Postal Code: _____ Home Phone: _____

Child's Age as of September 1st: _____ Gender: _____

Father / (Guardian)	Mother / (Guardian)
Does child reside with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does child reside with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____	Name: _____
Address (Legal land description if a P/O Box): _____	Address (Legal land description if a P/O Box): _____
City _____ Prov. _____	City _____ Prov. _____
Postal Code _____	Postal Code _____
Phone: Home: _____ Work: _____	Phone: Home: _____ Work: _____
Cell #: _____	Cell #: _____

MEDICAL INFORMATION – Please print

Family Physician: _____ Phone Number: _____

Child’s Alberta Health Care Number: _____

Does your child have any allergies? Yes No (If you indicated yes, please explain and include severity):

Are your child’s immunizations up to date? Yes No

Does your child use any medication regularly? Yes No (If you indicated yes, please explain in detail):

EMERGENCY CONTACT INFORMATION – Please print

In the event that a Parent/Guardian cannot be contacted, please list two alternate Emergency Contact persons:

Emergency Contact #1

Name: _____ Relationship to child: _____

Address (Legal land description if a P/O Box):

Phone (home): _____

City _____ Prov. _____

Phone (work): _____

Postal Code _____

Phone (cell): _____

Emergency Contact #2

Name: _____ Relationship to child: _____

Address (Legal land description if a P/O Box):

Phone (home): _____

City _____ Prov. _____

Phone (work): _____

Postal Code _____

Phone (cell): _____

PICK-UP PERSON INFORMATION – Please print

Person(s) other than Parent/Guardian or Emergency Contact authorized to PICK-UP child:

#1

#2

Name: _____

Name: _____

Relationship to child: _____

Relationship to child: _____

Contact Phone: _____

Contact Phone: _____

CUSTODY INFORMATION

Please indicate whether a Parenting Order or Contact Order exists for your child. Yes No
(If you indicated yes, legal documentation will be required).

Fee Schedule and Session Times:

This schedule is based on a child attending 1, 2, 3, 4 or 5 days each week (prorated over an average week, over the entire school year). There are some weeks and months with fewer days than others, however, this schedule takes into account an average week and month over the entire school year.

A reminder that there is NO drop-in price available. Parents MUST commit to between 1 and 5 days per week, on a consistent month-to-month basis. It is the parents prerogative not to use all of the days they have signed up for but, in all fairness, the fee schedule cannot be prorated any more than what is listed below.

Prices include snacks. Snacks are provided for children who are registered in two (2) consecutive morning and/or afternoon sessions.

Monthly Fees

All blocks 7:00a.m. – 8:45a.m. & 3:05p.m. – 5:30p.m.	Morning block 7:00a.m. – 8:45a.m.	After school up to 4:30p.m. 3:05p.m. – 4:30p.m.	After school up to 5:30p.m. 3:05p.m. – 5:30p.m.
1 day/week = \$61.00	1 day/week = \$27.00	1 day/week = \$22.00	1 day/week = \$39.00
2 days/week = \$122.00	2 days/week = \$54.00	2 days/week = \$44.00	2 days/week = \$78.00
3 days/week = \$183.00	3 days/week = \$81.00	3 days/week = \$66.00	3 days/week = \$117.00
4 days/week = \$244.00	4 days/week = \$108.00	4 days/week = \$88.00	4 days/week = \$156.00
5 days/week = \$305.00	5 days/week = \$135.00	5 days/week = \$110.00	5 days/week = \$195.00

*These prices are subject to change based on enrollment.



1. September payment and administration fee to be paid by cash or cheque at the time of registration.
2. Sign up for School Cash Online.
3. All fees after September will be billed online only.

Child Schedule

Please place a checkmark (✓) in the slot(s) that you require for the Before and After School Care Program. The Before and After School Care Program requires this information for our files.

	Monday	Tuesday	Wednesday	Thursday	Friday
Mornings					
7:00a.m. to 8:45 a.m.					
Afternoons					
3:05 p.m. to 4:30 p.m.					
3:05 p.m. to 5:30 p.m.					

**** Parents, it is your responsibility to come to the school and change this form if your schedule changes throughout the year****

CONTRACT

I hereby certify that I, _____ have read the École St. Thomas
 (Parent/Guardian name)
 D'Aquin Before and After School Care Program Parent Handbook and I agree to the terms and policies found within in it. **I also hereby agree to provide two (2) weeks written notice when terminating the use of the Program. If the 2 weeks' notice is not provided, the program reserves the right to bill the parents/guardian for the following month.** _____ (Please initial)

 Parent/Guardian Signature

 Parent/Guardian Signature

 Date

 Before/After School Representative

FIRST-AID CONSENT

I _____ give my permission to the Before and After School Care staff at
 (Print Name)
 École St. Thomas d'Aquin to administer medical attention in the nature of first aid to my son/daughter
 _____ in the event of an emergency.
 (Print Child's Name)

 Signature

 Date