

For Office Use Only

Signed up for Cash Online



# École St. John Paul II School

## Before & After School Care Program

### Registration Form

### 2019-2020

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**STUDENT/FAMILY INFORMATION – Please print clearly**

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 1<sup>st</sup>: \_\_\_\_\_ 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)<br>_____                              | Address: (Legal land description if a P/O Box)<br>_____                              |
| City: _____ Prov.: _____   | City: _____ Prov.: _____   |
| Postal Code: _____   | Postal Code: _____   |
| Contact Numbers:   | Contact Numbers:   |
| Home: _____  | Home: _____  |
| Work: _____  | Work: _____  |
| Cell: _____  | Cell: _____  |

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**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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**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): \_\_\_\_\_

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**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: \_\_\_\_\_

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**CUSTODY INFORMATION**

Please indicate whether a Parenting Order or Contact Order exists for your child.  Yes  No

\*(If you indicated yes, legal documentation is required).

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**Fee Schedule and Session Times:**

There is a \$50.00 registration fee for each family which is non-refundable. This fee is required with the first month’s fees which is paid online. Fees are due by the 27<sup>th</sup> of the month prior (e.g. Fees for September will be due by August 27<sup>th</sup>, 2019).

This schedule is based on a child attending 1, 2, 3, 4 or 5 days each week (pro-rated over an average week, over the duration of 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. This allows the fee to remain the same price each month.

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’ right to not utilize all of the days they have signed up for, but the fee schedule cannot be pro-rated any more than what is listed below. **All payments must be made through <https://schoolcashionline.com/>**

\*Prices include a snack.

**Monthly Fees**

| <b>All blocks</b><br>7:00a.m. – 8:25 a.m.<br>& 2:40 p.m. – 5:30<br>p.m. | <b>Morning block</b><br>7:00 a.m. –<br>8:25 a.m. | <b>Morning block</b><br>7:30 a.m. –<br>8:25 a.m. | <b>After school up to</b><br><b>4:30 p.m.</b><br>2:40 p.m. –<br>4:30 p.m. | <b>After school up to</b><br><b>5:30p.m.</b><br>2:40 p.m. –<br>5:30 p.m. |
|---|--|--|---|--|
| 1 day/week =<br>\$61.00   | 1 day/week =<br>\$26.00                          | 1 day/week =<br>\$17.00                          | 1 day/week =<br>\$31.00   | 1 day/week =<br>\$50.00  |
| 2 days/week =<br>\$122.00   | 2 days/week =<br>\$52.00                         | 2 days/week =<br>\$34.00                         | 2 days/week =<br>\$62.00  | 2 days/week =<br>\$100.00  |
| 3 days/week =<br>\$183.00   | 3 days/week =<br>\$78.00                         | 3 days/week =<br>\$51.00                         | 3 days/week =<br>\$93.00  | 3 days/week =<br>\$150.00  |
| 4 days/week =<br>\$244.00   | 4 days/week =<br>\$104.00                        | 4 days/week =<br>\$68.00                         | 4 days/week =<br>\$124.00   | 4 days/week =<br>\$200.00  |
| 5 days/week =<br>\$305.00   | 5 days/week =<br>\$130.00                        | 5 days/week =<br>\$85.00                         | 5 days/week =<br>\$155.00   | 5 days/week =<br>\$250.00  |

\*These prices are subject to change with one (1) month's advance notice, based on enrollment.

**Child Schedule:**

Please place a checkmark (✓) in the slot(s) that you require for the Before & After School Care Program. Licencing regulations require us to have this information on file.

| Time Slot:                       | Monday | Tuesday | Wednesday | Thursday | Friday |
|----------------------------------|--------|---------|-----------|----------|--------|
| <b>Before School</b>             |        |         |           |          |        |
| <u>7:00</u> a.m. to 8:25 a.m.    |        |         |           |          |        |
| <u>7:30</u> a.m. to 8:25 a.m.    |        |         |           |          |        |
| <b>After school</b>              |        |         |           |          |        |
| 2:40 p.m. up to <u>4:30</u> p.m. |        |         |           |          |        |
| 2:40 p.m. up to <u>5:30</u> p.m. |        |         |           |          |        |

**\*\*\* Any changes to your child's attendance schedule are required in writing (to the office) by the 10<sup>th</sup> of month prior to the change.\*\*\***

**CONTRACT:**

**I 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 & After School Care staff at  
(Print Name)  
École St. John Paul II School to administer medical attention in the nature of first-aid to my

Child's \_\_\_\_\_ in the event of an emergency.  
(Print Child's Name)

Signature: \_\_\_\_\_

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