

BEFORE & AFTER SCHOOL PROGRAM REGISTRATION FORM (2018-2019)

Please check which before/after school programs your child may require:

Term 1: (Sept-Dec 2018) _____ 7:30 a.m.-8:40 a.m. _____ 3:17p.m.-6:00 p.m.

Term 2: (Jan-June 2019) _____ 7:30 a.m.-8:40 a.m. _____ 3:17p.m.-6:00 p.m.

Rate: \$5.50/hr rounded to nearest ½ hour; Late fee of \$1.00/minute after 6:00 p.m.

Thursdays 3:00 p.m.-6:00p.m. to accommodate for early dismissal

This form MUST be completed and returned with the non-refundable Registration Fee of \$40.00 per family before your child can register in this program.

BILLING & PAYMENT INFORMATION:

We have recently made upgrades to our billing and payment systems. **Invoices will now be emailed to families.** In addition, we now offer **online payment via PayPal** and you may choose this option from your online invoice. We will still continue to accept cheques made payable to Sunshine Corner Preschool.

Payments made by cheque can be delivered in person at the time of pick-up or drop-off. Cheques can be made payable to Sunshine Corner Preschool. All bills are to be paid by the 15th of each month. If you wish to mail in payment, our address is:

Sunshine Corner Preschool
2721 Main Street
Saskatoon, SK S7H 0M2

Parent/Guardian Agreement: I understand that my child and I are responsible for complying with all procedures as prescribed by the Greystone's Sunshine Corner Before & After School Program. I understand and agree to all fees and payment deadlines and will contact the Before & After School Supervisor if there are any difficulties. My child's enrollment may be terminated if there is a failure to pay/and or make arrangements for payment. Please note that there will also be a fee for **LATE PICK-UPS** to cover additional staffing costs. This will be calculated at **\$1.00 per minute** beyond the scheduled 6:00 p.m. pick-up time.

Parent/Guardian Signature

Printed Name of Parent/Guardian

Date Signed

GREYSTONE'S SUNSHINE CORNER BEFORE & AFTER SCHOOL PROGRAM PERSONAL DATA

PLEASE PRINT CLEARLY



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(Note: Your child/children may not start the program until the full registration package is completed, including payment of a \$40 registration fee. All personal & medical information will remain confidential).

Child's Name _____ Grade _____ Age _____

Child's Date of Birth _____ Child's Sask Health Card # _____

Child's Home Address _____ Child's Postal Code _____

Mother's Name _____ Home Phone _____

Mother's Address (inc Postal Code) _____ Cell Phone _____

Mother's Place of Employment _____ Work Phone _____

Mother's Email Address _____

Father's Name _____ Home Phone _____

Father's Address (inc Postal Code) _____ Cell Phone _____

Father's Place of Employment _____ Work Phone _____

Father's Email Address _____

BILLING INFORMATION

All invoices are due by the 15th of the month. The 1st NSF cheque fee is \$20.00; subsequent NSF cheques will be charged a fee of \$40.00. **LATE OR UNPAID INVOICES WILL RESULT IN TERMINATION OF SERVICES.**

Invoices will now be emailed by default (print copies are only available upon request).

- I am aware that invoices will be emailed. Please provide email address(es) to which invoices will be emailed:
- I prefer to receive a paper invoice to be picked up in the classroom.

Please indicate your preference regarding billing:

- The invoice should list both parents/guardians – please specify: _____
- The invoice should only be billed to one parent/guardian – please specify: _____
- More than one invoice is required – the invoice amount shall be divided equally among the following individuals – please specify: _____

TO BE COMPLETED BY PARENT/GUARDIAN



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1) Does your child have any allergies? (please circle) Y / N If yes, please provide more information:

2) Does your child have any medical/mobility/emotional conditions of which we should be aware? (please circle) Y / N
If yes, please provide more information:

3) Medications taken daily?

(Please note: Medications cannot be administered by program staff. Please make arrangements to have any required medications administered either before or after program.)

4) What (if any) special attention or routines should we take into consideration for your child during the before or after school program time period?

5) Please note any other special concerns or information that we should know about:

In the event of an emergency and I cannot be reached, I hereby give my permission for my son/daughter/child to be given immediate medical care at a hospital or other medical facility.

Family Doctor_____ Phone

Preferred Hospital

Parent/Guardian Signature

Printed Name of Parent/Guardian

Date Signed

IN CASE OF ILLNESS OR EMERGENCY, PLEASE LIST NAMES AND TELEPHONE NUMBERS TO BE CALLED IF A PARENT CANNOT BE REACHED.

1) Name_____ Relationship



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Home Phone_____ Work Phone_____ Cell
Phone_____

2) Name_____ Relationship

Home Phone_____ Work Phone_____ Cell
Phone_____

3) Name_____ Relationship

Home Phone_____ Work Phone_____ Cell
Phone_____

CONSENT TO DISMISS CHILD TO SCHOOL YARD

(BEFORE SCHOOL PROGRAM PARTICIPANTS ONLY – complete only if you want child to go outdoors at 8:25 a.m.)

I, _____, give permission for my Child,

Parent/Guardian (Print Name)

Child (Print Name)

to be dismissed at 8:25 a.m. to go to the school yard when Greystone Heights teachers begin outdoor supervision. I understand that Greystone's Sunshine Corner Before and After School Program is no longer responsible for my child after that time and that I will not be billed for time after 8:25 a.m. if my child goes outdoors.

Parent/Guardian Signature

Printed Name of Parent/Guardian

Date Signed