

## Meadow Montessori School – Before and After School Care Registration

FULL NAME OF CHILD:

USUAL NAME OF CHILD [IF DIFFERENT]:

### PERSONAL INFORMATION

CHILD'S DATE OF BIRTH:

GENDER:

STARTING DATE:

ADDRESS:

CARE CARD NUMBER:

PHONE: (      )

PARENT OR GUARDIAN:

PARENT OR GUARDIAN:

PHONE:

PHONE:

PHONE [INCLUDE LOCAL]:

PHONE [INCLUDE LOCAL]:

MOBILE:

MOBILE:

### CONSENT FOR EMERGENCY CARE

I authorize the staff at the child care centre to call a medical practitioner or ambulance in the case of accident or illness of my child, if the parent cannot immediately be reached.

SIGNATURE OF PARENT/GUARDIAN:

DATE:

### PERSON(S) AUTHORIZED TO PICK UP CHILD

(other than parent/guardian listed above)

NAME:

RELATIONSHIP:

PHONE:

NAME:

RELATIONSHIP:

PHONE:

NAME:

RELATIONSHIP:

PHONE:

NAME:

RELATIONSHIP:

PHONE:

### PERSON(S) NOT AUTHORIZED TO PICK UP YOUR CHILD

NAME:

RELATIONSHIP:

PHONE:

NAME:

RELATIONSHIP:

PHONE:

**CUSTODY AGREEMENT:**

YES

NO

### ALTERNATE PERSON(S) TO CALL AND PICK UP CHILD IN CASE OF EMERGENCY

NAME:

RELATIONSHIP:

PHONE:

NAME:

RELATIONSHIP:

PHONE:

**Please select After-School Care Options**

<input type="checkbox"/> <b>5-DAY WEEK \$200/month</b>	<p align="center"><b>Drop-in days as available \$20 per day</b> (Contact school to make arrangements, billed monthly)</p>
<input type="checkbox"/> <b>4-DAY WEEK \$175/month</b> Please specify which days: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> <b>Ten Pre-Paid Drop-In Days \$150</b> ○ ___ ○ ___ ○ ___ ○ ___ ○ ___ ○ ___ ○ ___ ○ ___ ○ ___ ○ ___
<input type="checkbox"/> <b>3-DAY WEEK \$150/month</b> Please specify which days: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<p align="center"><b>Our BSC/ASC programs work on an extremely lean budget to provide a service to the families of our school.</b></p>

**Please select BEFORE-School Care Options**

<input type="checkbox"/> <b>5-MORNING WEEK (7AM) \$200/month</b> <input type="checkbox"/> <b>5-MORNING WEEK (8AM) \$100/month</b>	<input type="checkbox"/> <b>3- MORNING WEEK (7AM) \$150/month</b> <input type="checkbox"/> <b>3- MORNING WEEK(8AM) \$50/month</b> Please specify which days: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
<input type="checkbox"/> <b>4- MORNING WEEK (7AM) \$175/month</b> <input type="checkbox"/> <b>4- MORNING WEEK(8AM) \$75/month</b> Please specify which days: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<p align="center"><b>Our BSC/ASC programs work on an extremely lean budget to provide a service to the families of our school.</b></p>

# ASC/BSC CONTRACT/AGREEMENT

***By registering my child for ASC/BSC I recognize and agree to the following:***

- Our school-age afterschool club is designed for our elementary children only.
- Priority will be given to families who currently attend Meadow Montessori and/or families who wish to continue into the following year.
- The operation of the program is subject to enrolment numbers.
- No deductions or day substitutions will be given for absences.
- Monthly Fees are prepaid as with regular tuition. Post-dated cheques or payment in full is required.
- Drop-in fees are billed and due monthly.
- All parental agreements & overall school policy (including withdrawals) are applicable to BSC/ASC programs.
- Parents are to arrange pick-up of their children promptly. Late fees will be charged

## ***ASC Drop in***

Meadow Montessori offers the use of the After School Care program on an as-needed basis for currently enrolled Primary and Elementary students only. Staffing requirements and regulatory restrictions limit the number of children in ASP, so checking to see if there is space in the class is required. Please contact the Office at least one day in advance or as soon as you know you need care.

ASC runs from 3:00-6:00pm. The fee for use of part or all of each ASC session is \$20 per child.

## ***Late ASC Pick-Up***

For each child picked up from ASC after 6:00pm, there is an immediate charge of \$35. In addition to the \$35 charge, for each child picked up after 6:00pm, parents will incur charges of \$1/minute unless you have made a prior arrangement with the staff. Therefore, the charge for one child will be \$36 at 6:01pm, \$37 at 6:02pm, etc. Please call if you know you will be late so we can reassure your child. A phone call does not absolve you from the fee

<b>SIGNATURE OF PARENT OR GUARDIAN PROVIDING INFORMATION</b>		
SIGNATURE:	PRINT NAME:	DATE:

*NOTE: This information may be reviewed by Fraser Health Authority Licensing staff as per legislation.*