

# **Before and After School Registration**

It is that time of year again... we have attached our registration package for returning families. If you wish to register for September 2018, please complete the forms attached and submit to your **supervisor or head office by April 15th, 2018**. Your child's spot will be secure should we receive this complete package by this date. After May 1st, we will begin accepting children on our waitlist, so please do not delay as it will be first come first serve after April 15th, 2018.

Should you submit your forms by April 15th payment of one month deposit and registration fee of 12.50 per family will be taken on May 15th, 2018 through electronic funds transfer. If your banking or personal information has changed then please inform us so that we may provide new forms to you. The Monthly Fee Schedule is also available at each site should you require it. A confirmation email will be sent to you by May 22th,2018. If you do not receive a confirmation email by May 15th, 2018 please contact Ms. Priya at head office.

NSF payments will be subject to a \$25.00 service charge and enrollment will not be guaranteed until full payment is received. Any changes to your child's enrollment require written notice of thirty days.

If your child has an individual plan for allergies or other medical conditions please remember that it must be reviewed and signed annually by your physician. Should you need a copy of the anaphylaxis forms they can be found on our website or with the site supervisor.

If you have any questions please do not hesitate to speak to your site supervisor at your site or Ms. Priya at 905-850-3358.

Together in early learning,

Rosanna Lacalamita Masci, ECEDH BA



## **Before and After School Registration Form**

#### **General Information**

The Before and After School Program is operated by St. Gabriel Child Care Centres, which is a Non-profit community based child care program run by a volunteer Board of Directors.

- An annual registration fee of \$25.00 is required upon registering your child (\$12.50 for returning families). Registration fees are <u>non-refundable</u>.
- One month security deposit is also required per child registered (see fee schedule), upon CONFIRMED availability.
- Hours of service: 7:00 am to school yard duty supervision & from school dismissal bell to 6:00 pm.
- The Program operates for 10 months, does NOT include PA Days, March Break or Summer Break.
- A light AM Snack is served in the morning and a snack is offered in the PM.
- Program staff meet the requirements as outlined in the CCEYA (Child Care Early Years Act).
- School Break Camps (PA Days/March Break/ Summer Camp) are available at St. Gabriel Child Care Centre, for those that Pre-Register

Child's Last Name	First Name	Male	Female D	Date of Birth (dd/mm/year)	
Address City		City		Postal Code	
		Home Phone:			
Mother's/ Guardians Last Na	ame First Name	Work Phone:			
Address (if different from above)		Lell Phone: Home Phone:			
Father's/ Guardians Last Nar	no First Namo	Homo Phono:			
		Work Phone:			
Address(if different from above)		Cell Phone:			
Email:					
Will Require Care As Of:		Child's Grade:			
	Complete Date				
Please Circle: N	1onday Tuesday	Wednesday T	hursday Fri	day	
Please Circle: A	.M. ONLY   P.	M. ONLY	Both A.M. &	P.M.	
Please Circle: St. Gabriel	St. Gregory	St. Francis	St. Clement	St. Margaret Mary	
1. Registration Paymo	ent received	\$	Cheque #	#or EFT	
2. One month security	deposit, payment receiv	ed \$	Cheque #_	or EFT	
Parent/ Guardian Signatur	e:		Date:		
Staff Signature:			Date:		



#### Fee Payment Agreement Before and After School Programs

Child(rens) Name: Admission Date: Program: AM PM AM/PM

I/We agree to pay the following fees on my child's behalf:

- The Registration Fee
- A deposit equal to one month dated no later than start date which will be applied to last month's payment
- One month cheque or eft with permission to adjust payment for last months payment

If I/We become more than 2 weeks (30<sup>th</sup>) in arrears in my/our fees, with no written explanation or payment schedule agreed upon with the executive director or the associate, services will be terminated. The Executive Director will consult the Board and myself/us will be notified verbally and in writing of termination of services

In the event a non sufficient funds (NSF) payment, I agree to the following:

<u>1<sup>st</sup> Incident:</u> To pay my child's fees by certified cheques or money order. NSF payment will be subject to a charge of \$25.00.

<u>**2**</u><sup>nd</sup> **Incident:** Executive Director will notify me/us to replace fees by certified cheques. The treasurer of the board of Directors will be notified and a written warning will be issued.

<u>**3**</u><sup>rd</sup> **Incident:** Executive Director will notify me/us to replace fees by cash or certified cheques. The treasurer of the Board of Directors will be notified and the Board of Directors will notify us of the termination of services.

I agree to make every effort to ensure that my child is picked up by my child's programs dismissal time. I understand that not only a late fee will be collected but that child care services can be terminated if lateness occurs three times. Lateness will be documented and I will be requested to acknowledge this with my signature and payment is required.

#### I understand that St. Gabriel Child Care Centre will be closed on the following days:

- a) All statutory and civic holidays
- b) Possible 12:30 closing in Christmas Eve and New Years Eve.
- c) Two P.A. Day closures (one (1) during Christmas Break and one (1) on Easter Monday)

#### A 10% discount will be given to families that have two or more children enrolled at St. Gabriel Child Care Centre.

I agree to an electronic funds transfer in the amount of <u>\$</u> for the first of every month my child is scheduled to attend any of St. Gabriel Child Care Centre programs.

I agree to submit a one month deposit of <u>\$</u>\_\_\_\_\_\_that will be utilized during my child's withdrawal period **if I provide one month's notice in writing.** Should your children remain with us until June of the next year, the deposit will be used for June fees for the last month. Please see below for breakdown:

Registration: paid by	November:	by eft	March:by eft
Deposit: paid by	December:	by eft	April:by eft
September:	by eft January:	by eft	May:by eft
October:	by eft   February:	by eft	June: paid in full upon registration

I have read and understand St Gabriel Child Care Centre's Fee Payment Policy and agree to abide by the policy.

### **Permission Form**

CHILD'S NAME:

St. Gabriel Child Care Centres (SGCC) of Woodbridge is a community based program. We are a training facility for student educators and the occasion may arise for videotaping session in the Centre. These videotapes would not be available for widespread publication but would be used in the centre/classroom. The Centre may also use videotapes and photos in a promotional capacity with presentations at community events, use on our website or on social networks such as *Facebook*. It is our desire that the community be kept well informed of the Centre's program and its child care practices. Due to these activities, we request your permission for your child to be involved.

I acknowledge and give St. Gabriel Child Care Centre and its affiliated centres consent to the use of photographs, videotaped images and/or voice recordings on its social media sites and website for the purposes or marketing and promotion of the centres:





I acknowledge and give St. Gabriel Child Care Centre and its affiliated centres consent to the use of photographs and/or name to be published in SGCC School publications both print and electronic format (newsletters, pamphlets, etc.):





I acknowledge and give St. Gabriel Child Care Centre and its affiliated centres to display my child's school work with name within the centres:





The staff at the Centre occasionally prepares social outings for the children. This activity is felt necessary to give hands on experiences to your child's educational program. This form is requesting permission for local trips such as: public parks, community walks, library etc. Would you kindly mark on the space provided below whether you allow your child to go on visits beyond the boundaries of the Centre (a separate form for trips that require bus transportation will be given out in advance regarding each and every outing). I do permit my child to participate in walking trips outside the boundaries of the Centre:





It is the policy of the Centre that if a child seeks medical attention (broken arm, burns, shock etc.) we will call the parents and send for an ambulance to transport the child to the hospital. Please check below if you would like this policy to be followed:

YES	
Signature of Parent (s)/ Guardian	Date
Witness	Date

## **Emergency Information and Health History Form**

To be completed by the parent/guardian prior to entry into St. Gabriel Child Care Centre. All fields must be entered including postal codes, first and last names and full addresses. Example: ABC Street, Woodbridge, Ontario, L4L A1B

	Faile of Consultance	
Mother/ Guardian:	Father/ Guardian:	News
Name:		Name:
Address:		Address:
Postal Code:		Postal Code:
Home #:		Home #:
Work #:		Work #:
<b>B.</b> Child's Physician (First & Las	t Name):	Telephone #:
Address:		Postal Code:
	lowing:	n, medication or a special diet?
<ol> <li>A condition or behaviour that</li> <li>A condition or behaviour that</li> <li>Allergies (food, medication et al.)</li> </ol>	t would require special attention	· · · · · · · · · · · · · · · · · · ·
<ol> <li>A condition or behaviour that</li> <li>Allergies (food, medication et al.)</li> <li>Allergies specify symptoms of a</li> </ol>	at would require special attention	care needed.
<ol> <li>A condition or behaviour that</li> <li>Allergies (food, medication et 3. Please specify symptoms of at 4. Please list what communicat</li> </ol>	allergic reaction and any special of other	care needed.
<ol> <li>Allergies (food, medication e</li> <li>Allergies (food, medication e</li> <li>Please specify symptoms of a</li> </ol>	allergic reaction and any special diseases your child has expenses the special diseases and the special diseases your child has expenses the special diseases the special diseases your child has expenses the special diseases the special diseases your child has expenses the special diseases the spe	care needed. ereinced in the past
<ol> <li>A condition or behaviour that</li> <li>Allergies (food, medication et a). Please specify symptoms of a</li> <li>Please list what communicate</li> <li>D. Emergency contacts if parent</li> <li>Name:</li></ol>	allergic reaction and any special diseases your child has expenses the special diseases and the special diseases your child has expenses the special diseases the special diseases your child has expenses the special diseases the special diseases your child has expenses the special diseases the spe	care needed. ereinced in the past
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<ol> <li>A condition or behaviour that</li> <li>Allergies (food, medication et al. Please specify symptoms of at 4. Please list what communicate</li> <li>D. Emergency contacts if parent</li> <li>Name:</li></ol>	allergic reaction and any special diseases your child has expendents cannot be reached:	care needed.
<ol> <li>A condition or behaviour that</li> <li>Allergies (food, medication et a). Please specify symptoms of a</li> <li>Please list what communicate</li> <li>D. Emergency contacts if parent</li> <li>Name:</li></ol>	allergic reaction and any special diseases your child has experience of the reached:	care needed. ereinced in the past 2. Name: Address: Phone #: Relationship to Child:

# Monthly Fees Schedule as of September 2018

Kindergarten Before &		5	4	3	2
After Program		Days	Days	Days	Days
AM ONLY - MONTHLY FEE		\$171.00	\$153.00	\$116.00	\$77.00
10% Discount - 2 Or More Children		\$153.00	\$139.00	#VALUE!	\$69.00
(MONTHLY FEE)					
Daily Fee		\$10.00	\$11.00	\$11.00	\$11.00
PM ONLY – MONTHLY FEE		\$260.00	\$226.00	\$170.00	\$113.00
10% Discount - 2 Or More Children		\$235.00	\$204.00	\$152.00	\$103.00
(MONTHLY FEE)					
Daily Fee		\$13.65	\$15.00	\$15.00	\$15.00
AM & PM – MONTHLY FEE		\$396.00	\$334.00	\$251.00	\$585.00
10% Discount – 2 Or More Children		\$357.00	\$300.00	\$226.00	\$150.00
(MONTHLY FEE)					
Daily Fee		\$21.00	\$22.00	\$22.00	\$22.00
School Age Before & After					
Program					
AM ONLY – MONTHLY FEE		\$155.00	\$146.00	\$109.00	\$71.00
10% Discount - 2 Or More Children		\$142.00	\$132.00	\$99.00	\$65.00
(MONTHLY FEE)					
Daily Fee		\$8.00	\$9.00	\$9.00	\$9.00
PM ONLY – MONTHLY FEE		\$240.00	\$209.00	\$155.00	\$106.00
10% Discount - 2 Or More Children		\$217.00	\$187.00	\$142.00	\$96.00
(MONTHLY FEE)					
Daily Fee		\$13.00	\$14.00	\$14.00	\$14.00
AM & PM – MONTHLY FEE		\$356.00	\$300.00	\$228.00	\$151.00
10% Discount - 2 Or More Children	Families must give 45 day written notice when switching	\$320.00	\$271.00	\$206.00	\$138.00
(MONTHLY FEE)	or cancelling programs				
Daily Fee		\$19.00	\$20.00	\$20.00	\$20.00
*	Fees are subject to change				