



Centre for Academic and Personal Excellence
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CAPE SCHOOL BEFORE & AFTER CARE PROGRAM REGISTRATION FORM 2022-2023

Please note that all fields MUST be completed according to Child Care Licensing Regulation: Section 19.

CHILD'S FULL LEGAL NAME	BIRTH DATE	AGE as of Aug. 30, 2022	GRADE
CHILD'S PHYSICAL ADDRESS (no P.O. box numbers): Street Address: City & Province: Postal Code:		AHC #: DR. NAME: DR. PHONE #:	
ALLERGIES / MEDICAL CONCERNS:			

PARENTS or GUARDIANS	
Name:	Name:
Physical Address (no P.O. box numbers):	Physical Address (no P.O. box numbers):
Street Address:	Street Address:
City & Province:	City & Province:
Postal Code:	Postal Code:
Relationship to Child:	Relationship to Child:
Day Phone:	Day Phone:
Evening Phone:	Evening Phone:
Cell:	Cell:
Email (checked regularly):	Email (checked regularly):

EMERGENCY CONTACTS IN THE MEDICINE HAT/SURROUNDING AREA	
Name:	Name:
Street Address:	Street Address:
City, Province & Postal Code:	City, Province & Postal Code:
Phone:	Phone:

Release Authorization: Names of all persons (16 years of age or older) that your child may be released to. Please **include parent(s) names** and all adults and siblings who may be picking up your child.

Are your child's/children's immunizations up to date? Yes No

Is there any special medical information other than listed on the previous page that we should be aware of?

Does your child suffer from asthma, allergies or anaphylaxis? Yes No

If yes, please make an appointment to complete an emergency medical plan for your child before he/she attends care.

Are you aware of any behavioural issues that may affect the safety or well-being of the other children in the program?

Do you give permission for the school staff and the CAPE Out-of-School program staff to share information about your child (homework, attendance, illness, etc.) to better support your child? Without this permission, caregivers are unable to support school programming.

Yes No

Is there any other information that you feel we should know about your child? Fears, habits, likes/dislikes, etc:

CAPE BEFORE & AFTER SCHOOL PROGRAM 2022 - 2023 PARENT CONTRACT

Between:

(Parent's Names)

and CAPE School, whereas CAPE School operates the CAPE Before & After School Program; and the parent(s)' desire to register their child/children for the CAPE Before & After School Program.

NOW THEREFORE, THIS PARENT CONTRACT WITNESSES THAT:

REGISTRATION PROTOCOL

The Parents hereby certify and agree that the child is in their lawful custody, and that there are no other persons whose consent is required for the enrolment of the child in this program. Children will only be released to people authorized on the child's registration form by the parent or in a written note signed by the parent.

PROGRAM OPERATION

The program will take place in the school; classrooms and gymnasium. The CAPE Before & After School Care Program is solely responsible for the supervision of the children within their care. Before School Care begins at 7:00 am and children must be on the schedule as provided by parents. For After School Care, kindergarten children attending the program will be picked up from their classrooms at 3:15 pm Monday – Thursday and 12:15 pm on Friday. Children in grades 1-6+ are expected to be at the Program meeting place by 3:40 pm on regular school days, and by 12:15 pm on Fridays. In the event that a child has not been brought into before school care (left unattended outside), or has not been picked up by 5:40 pm, the staff will make every effort to contact the parent(s) or the alternate emergency contact before calling Emergency Child Welfare.

Parent initial:

The program will not operate on school holidays, which include Professional Development Days, Christmas Break, Teacher's Convention, Easter Break, and any other days that may arise.

Children using the program will be provided nutritious snacks following Canada's Food Guide. Snacks will consist of 2 food groups. Parents are expected to supply a lunch for their child on Fridays, which should follow Canada's Food Guide, as recommended by Day Care Licensing. If no lunch (or an inadequate lunch) is provided by the parent(s), the After School Program shall supplement or supply that child's lunch. In the event of a child's severe allergy to a food, (i.e. nuts) some foods may be banned from the program area.

Any concerns or complaints about the CAPE Before & After School Program should be directed, in writing, to the Program Supervisor for review. A written response will be submitted to the parent within two weeks of the written application being received.

HEALTH CARE & MEDICAL ISSUES

In the event of a life threatening medical emergency, the staff reserves the right to engage emergency medical assistance for the child. All costs associated with a medical emergency shall be borne solely by the parents. The parent must consent to the program administering health care or health care in the nature of first aid. Staff will be authorized to administer only life-saving medications (specifically inhalers and/or EpiPens) as per written directions provided by the parent(s). There will be no other exceptions to this. If a child is ill, the parents or emergency contact will be contacted and the child must be picked up immediately.

DISCIPLINE/BEHAVIOUR ISSUES

The Before & After School Program reserves the right to cancel this contract immediately if there is a severe discipline problem that is affecting the well being of the staff, other children, the program or if the child is a danger to him/herself. Please be aware that we are not discriminating against children with behaviour issues, we just do not have the staff, the resources or training required to give the necessary one-on-one (1/1) attention.

PAYMENT OF FEES

The annual non-refundable registration fee of \$35.00 per family is required for admission into the program.

Monthly payment is due PRIOR to children attending care. Please note that online payments may take up to 3 business days to process. In-office payments may take up to 48 hours to process. Cheques are to be made payable to CAPE School. A service charge of \$15.00 will apply for all NSF cheques.

A receipt for income tax purposes will be issued by request. There will be a \$5.00 fee for issuing duplicate receipts.

Parent initial:

Please indicate how frequently your child will be accessing the program (check those that apply):

Check	Care Option	Description	Subsidy Hours	Rate
	Full Time Care	coverage for all morning and afternoon hours within a calendar month	26 hours +	\$360 / month
	Part Time Hours	coverage for up to 25 hours/ calendar month	Up to 25 hours/month	\$225 / month
	Sporadic Use tab	coverage for up to 10 hours throughout the year	10 hours with no monthly expiry	\$150 as needed

Should families go over their prepaid times, they will be billed separately shortly after month's end at \$7/hour for the overage.

If this child accesses subsidy, please initial here _____, and subsidy status will be confirmed monthly.

Parents must sign in each child on individual Child Attendance Forms when dropping off their child(ren) for the before school program and must sign each child out from after school care.. A signature of parent or authorized caregiver to whom the child may be released to and the time the child has left the program must be included when signing out. **If there is no specific time indicated, it will be assumed that your child(ren) used the program until 5:30 p.m. and you will be billed accordingly.** For each late pickup per family, there will be a \$10.00 fee per half hour or part thereof after the designated program closure time.

Parent initial:

CONTRACT RIGHTS

Parents have the right to cancel this contract with two (2) weeks written notice. The CAPE After School Program reserves the right to cancel this contract any time with two (2) weeks notice if, in its discretion, it is deemed to be held in the best interests of the child or the program.

IN WITNESS WHEREOF the parties hereto have set their hand and seal to the day and year written below:

Parent/Guardian (please print name)

Parent/Guardian (please sign name)

Jeney Gordon

After School Program Representative Name & Signature

Date