



## Lloydminster Catholic School Division After School Program Registration Package Check list

- ✓ Please read thoroughly the Parent Handbook.
- ✓ The program will accept registrations from families needing program for 4 or more days a week. For each day absent, of the four required days, a 1 hour rate will be charged. Each day a child attends a minimum of 1 hour per day will be charged and fees will be rounded to the nearest half hour thereafter.
- ✓ Complete one set of registration forms per child needing program and return to school with deposit.
- ✓ **FEES**
  - Submit a \$200.00 per family deposit at time of registration
  - Each child: \$6.00/hour - Minimum of 4 days / week will be charged
  - Kindergarten Plus: \$6.00/hour - Minimum of 3 days / week will be charged
- ✓ Cheques are to be made out to: LRCSSD #89
- ✓ Payments can also be made at the <https://www.lcsd.ca/shop>
- ✓ Once completed forms and deposit has been received confirmation will be given to parent within three days, as to when child can start.
- ✓ If your child has a full time Educational Assistant working with them during the day, it is our Division's requirement that one is also required for After School Program. The parent is responsible for employing this additional staff member.
- ✓ For the safety of children, schedules for hours of program needed will be given to the program staff one month prior to month needing care. If work schedules are only provided every two weeks then program staff must also be given schedules 2 weeks in advance.

If you require more information or have questions, please feel free to contact the school your child attends for After School Program.



# AFTER SCHOOL PROGRAM REGISTRATION

Child's Name \_\_\_\_\_

School \_\_\_\_\_ Bus # \_\_\_\_\_ Grade \_\_\_\_\_

Mother's Name \_\_\_\_\_  
First Last

Father's Name \_\_\_\_\_  
First Last

Legal Land Address \_\_\_\_\_

Legal Land Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Mother's Home Phone \_\_\_\_\_

Father's Home Phone \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_

Mother's Place of Work \_\_\_\_\_

Father's Place of Work \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_

Father's Work Phone \_\_\_\_\_

### PLEASE LIST LOCAL EMERGENCY CONTACT(S) IF THE PARENTS CANNOT BE REACHED:

**REQUIRED**

Emergency Contact \_\_\_\_\_

Optional

Emergency Contact \_\_\_\_\_

Relationship to child \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell/work phone \_\_\_\_\_

Cell/work phone \_\_\_\_\_

List all names with first & last (including parents and emergency contacts) of which you authorize to pick up your child/ren?

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

Name anyone **NOT allowed access** to your child and relationship to your child:

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

**Health Action Plan:** Does your child have a current Health Action Plan at the school?

Circle one: Yes or No

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (other than immediate family)

\_\_\_\_\_  
Date



# AFTER SCHOOL PROGRAM – REGISTRATION HEALTH INFORMATION FORM

CHILD'S NAME \_\_\_\_\_  
First Last

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ BUS # \_\_\_\_\_

Child's Address \_\_\_\_\_

Alberta/Sask Health Care No. \_\_\_\_\_

DATE OF BIRTH Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Gender **Male** or **Female**

Is your child's immunization up to date? **Yes** or **No** **If immunization not up to date state reason:** \_\_\_\_\_

Are there any **special circumstances or information** we should be aware of that would help us work with your child?  
\_\_\_\_\_  
\_\_\_\_\_

**Medical History of Illness** (Please describe your child's former or current medical history?)  
\_\_\_\_\_  
\_\_\_\_\_

## ALLERGIES

Does your child have any allergies to: (Please specify what and the severity?)

Foods \_\_\_\_\_

Medications \_\_\_\_\_

Other \_\_\_\_\_

## Allergy Treatment

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

## ASTHMA

Does your child have Asthma? \_\_\_\_\_

What triggers it? \_\_\_\_\_

Location of inhaler? \_\_\_\_\_

## EPILEPSY

Does your child have Epilepsy? \_\_\_\_\_

What triggers it? \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ALLERGY/ASTHMA/EPILEPSY Child Specific Emergency Plan

FORM Required YES or NO

If your child does have an Allergy, Asthma or Epilepsy and would require medication during his/her time at Lloydminster Catholic School Division After School Program, please request **Child Specific Emergency Plan and Parent Authorization for Health Care form to fill out from office** (AP F315-1, F316-1). All emergency medication MUST be in Original Labeled Container and discuss the specifics with the Lloydminster Catholic School Division After School staff. Lloydminster Catholic School Division staff can only administer medication to a child if written consent is obtained prior to administering and can only administer medication according to the labeled instructions.

I understand that it is my responsibility to update and inform the Lloydminster Catholic School Division After School Staff if there are any changes to any of the above address/information/directions/condition for my child named above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## Parent / Division Agreement

Parent(s): \_\_\_\_\_

Child: \_\_\_\_\_

School: \_\_\_\_\_

Deposit Paid: \$ \_\_\_\_\_

Cash or Cheque # \_\_\_\_\_

After School will Commence on: \_\_\_\_\_

Days of week: \_\_\_\_\_

### Parent/Guardian Responsibilities:

A monthly schedule must be provided to After School Program staff, by the 31<sup>st</sup> of each month for the following month. If a schedule is not received by the 1<sup>st</sup> of the month, parents will be charged \$25.00. After that a NO NOTICE of absenteeism rate of 2 hour first child charge per day will be charged until a schedule is provided. If you only receive weekly or bi-weekly work schedules those need to be provided at minimum of 48 hours before After School Program commences.

### Parent/Guardian is aware of the following and will notify the secretary and After School Program staff immediately when:

- There is change to their child's schedule absent or additional day by calling school secretary by 11:25 am on that day.
- Parent/guardians working hours/schedules change or job location changes.
- Parent/guardian is aware they will be charged a minimum of 4 days per week/child. Kindergarten Plus / 3 days per week.
- Parent/guardian will be responsible to pick up child immediately in the event of illness.
- Parent/guardian will pay fees within 5 working days of invoice. A \$10.00 late fee per day will be charged after the 5 days. Immediate dismissal if not paid after that time frame of non-payment.
- After School Program charges begin at dismissal bell at the end of each day.

### After School Program Staff Responsibilities:

- Provide an educational after school club experience.
- Provision of a safe, childproof environment.
- Provision of snacks based on the Canada Food Guide & Nutrition guidelines.
- Provision of daily indoor and outdoor (weather permitting) activities to foster child's growth and development.
- Provision of toys and equipment appropriate to the age and needs of the child.
- After School Program Staff will administer prescribed emergency medication to the child/children as per parent/guardian request and consent, if within the scope of the staff's training and abilities.
- Immediate action will be taken for emergency situations or treatment of a child if parent/guardian cannot be contacted.

### Lloydminster Catholic School Division Responsibilities:

- The division agrees to investigate any concerns brought forth by staff or parent(s) and to determine the best solution for all parties involved.
- The division will provide monthly invoices and receipts to parent/guardian to verify fees/payment
- The hourly fee for After School Program is \$6.00/hour for each child. A minimum of 4 days/week will be charged and minimum of 1 hour each day. Kindergarten Plus students will be 3 days/week and minimum of 1 hour each day.
- Fees may be increased during the year and parents will be notified one month in advance. Payment is to be made upon receipt of invoice.
- If fees are not paid within 5 working days of invoice, an additional charge of \$10.00 per day late fee. Payment can be made in cash, money order or by cheque.
- If we received an NSF cheque, cash will only be accepted thereafter.

- After 10 days of non-payment the child will be dismissed immediately.
- Cheques are to be made payable to: Lloydminster Catholic School Division.
- Payments can also be made at the <https://www.lcsd.ca/shop>

**Termination:**

Parent(s) will give two weeks written notice of removing the child from the After School Program. Failure to provide appropriate notice in writing shall result in forfeiture of prepaid deposit.

Dated at the City of Lloydminster in the Province of Alberta or Province of Saskatchewan this \_\_\_\_\_ day of \_\_\_\_\_ AD, 20\_\_\_\_\_.

The undersigned have read, understood, and agreed to the terms and conditions specified in Lloydminster Catholic School Division, Staff, Parent, and Division Agreement.

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
After School Program Staff Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
After School Program Staff Signature

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Witness Signature



## Procedure for Providing After School Program Schedules

**PURPOSE:** To ensure child safety at the end of school day.

1. **PARENTS MUST** submit monthly After School Program schedules to program staff.
  - Either circle the days attending on timesheets or submit a separate calendar indicating when they will be in After School Program to staff.
2. Schedules must be provided to Program staff, by the last day of each month for the following month.
  - If a schedule is not received by the 1<sup>st</sup> of the month, parents will be charged \$25.00. After that a NO NOTICE of absenteeism rate of 2 hours per day will be charged until a schedule is provided.
3. If parent work schedules are only able to be provided every 2 weeks, you must speak to After School Program staff and make special arrangements to provide schedules in 2 week periods.
4. If your child is scheduled to be in After School Program and there has been a change of plan and won't be in After School Program on a certain day, you **MUST** notify school secretary before 11:25 am for that day. Minimal changes help enable us to keep children safe at all times.
5. If your child is **NOT** scheduled to be in After School Program on a certain day and you need them to join, parents **MUST** contact After School Program staff, through school secretary by 11:25 am to find out if space is available. It is very important to communicate this to secretary, along with After School Program staff, child and teacher to ensure everyone is aware of changes. The more personnel you tell the more likely a missing child incident will not occur.
6. It is the parent's responsibility to ensure After School Program staff has the child's schedule to ensure child safety.
7. In addition, to providing After School Program staff with your schedule, it is good practice for parents with young children to inform teachers when they will be using After School Program. Providing your children with back up plans or tags on backpacks with instructions and phone numbers if a child is missing or lost is also recommended.

### **NOT ACCEPTABLE WAYS TO COMMUNICATE SCHEDULES**

1. It is **NOT ACCEPTABLE** to send note in child's backpack or agenda.
2. It is **NOT ACCEPTABLE** to tell teacher or tell child to tell teacher.
3. It is **NOT ACCEPTABLE** to tell child to tell secretary.
4. It is **NOT ACCEPTABLE** to tell child to tell After School Program staff.

I, \_\_\_\_\_, parent of \_\_\_\_\_, fully understand and will communicate schedules in an appropriate way to ensure my child's safety.

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_.

School Witness Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_.