



Before and After



Program

Program Coordinator: Gail Kluk (306) 620-7969

SIGN Before and After School Program

- The cost is \$200.00 per month for one child. Any additional children from the same family will be an extra \$150.00 per additional child. All Kindergarten spots are \$100.00 per child.
- Spaces are limited; they are available on a first come, first serve basis and are open to all students attending St. Paul's School.

Regular Program Hours:

7:30 a.m. to 8:45 a.m. &
3:15 p.m. to 5:30 p.m.

The parent and the Program agree that the following fee shall be charged for late pick up of a child: \$10.00 for each 5 minutes past 5:30 p.m., as per the Program's clock.

Contact Information:

Please inform the Program staff of any changes to your contact information.

Injury or Illness:

Any injury or illness suffered while at the Before and After School Program must be reported to the Program Coordinator or the Program Assistant. In case of emergency, student contacts will be notified. Should the emergency warrant immediate physician's attention, Program personnel will accompany the student to the hospital and make arrangements to meet the parents/guardians there.

Fire Drills:

Fire drills will be held periodically. Routes and places of exit will be clearly posted.

Inclement Weather:

For the safety of our children, when the wind chill factor is -30°C or colder, or it is raining, students will be required to stay indoors. We will follow the school announcements for weather conditions.

Program Absences:

Please inform Program staff if your child is unable to attend the Program. Contact the SIGN Before and After School Program Coordinator at (306) 620-7969. You can leave a voicemail or text.

Use of Bikes, Scooters, Skateboards, etc.:

Students are NOT allowed to use bikes, skateboards, scooters, etc. at any time during their outdoor free time.

Parent Advisory Committee:

The SIGN Before and After School Program has a Parent Advisory Committee, which assists SIGN with planning and input into the Program. The Committee is made up of parents from St. Paul's School. For more information on this committee, or to become involved, contact Gail Kluk at (306) 620-7969.

Cell Phones and Electronic Devices:

Electronic devices (cell phones, iPads, etc.) that do NOT promote learning are NOT permitted during Program hours. If students are using them, they will be asked to put them away. Parents are welcome to contact their child by calling (306) 620-7969.

Footwear:

Shoes must be worn at all times. If your child does not have proper footwear, they will be unable to participate in gym activities.

Leaving the School Grounds:

To ensure the safety of all students in the Program, students must stay on the school grounds at all times. Children are to come to the Program after school when dismissed from their classroom.

Care of Property:

Students are expected to assume responsibility for the care of both school and personal property. Students are asked not to bring valuables or large amounts of money to the Program. Money, watches, rings and other personal items should be always under the student's care. Students are responsible for the safe-keeping of their own belongings. Any loss of, or damage to, property must be reported to Program personnel. Students will be required to make restitution for any wilful damage to school, Program, or student property.

Behaviour Expectations:

- **Safety is a primary concern in all areas that the Before and After School Program runs, including hallways, classrooms, gym, and playground.**
- **Students are expected to demonstrate respect for themselves, others, and school property.**
- **In addition to appropriate conduct, good manners and accepted language are expected.**
- **All school rules will apply in the Before and After School Program, including listening, and respecting all staff, as well as respecting others and their property.**
- **Every child is expected to take part in group planned activities.**

Discipline Procedures:

- **Time-out – parent will be notified when picking up child.**
- **If problem reoccurs, parent will be notified by phone at the time of incident.**
- **If problem still continues, parent will be asked to pick up their child.**
- **If problem cannot be resolved by coordinator, parents and child, the Program will give one month written notice to terminate Program services.**

AGREEMENT FOR CHILD CARE SERVICES

St. Paul's School Before and After School Program

Post-dated cheques, **made payable to SIGN**, dated for the first of each month, must be included for the full term of this signed agreement. No Exceptions. If cheque is non-negotiable (payment is not received for the first of each month), child(ren) will not be permitted to attend the Program until monthly payment is received in full.

Agreement between:

_____ and Before and After School Program
Parent/Guardian

Address: _____

Phone Numbers:

HOME: _____

WORK: _____

CELL: _____

The parent/guardian agrees to place the following children in the above child care services.

Name: _____ Grade entering: _____

Name: _____ Grade entering: _____

Name: _____ Grade entering: _____

If you have not informed the Program of an absence (before or after school), you will receive a phone call.

The parent and the child care services agree that the total monthly fee shall be as follows:

Please check the option(s) below that you wish to register for:

- Full time: First Child \$200.00 per month
 Kindergarten \$100.00 per month
 Additional Child \$150.00 per month

(ALL KINDERGARTEN SPOTS WILL PAY \$100.00 PER MONTH.)

Total per month: \$ _____

The parent and the child care service agree that the following fee shall be charged for late pick up of a child: \$10.00 for each 5 minutes past 5:30 p.m., as per the Program's clock.

The parent and child care services agree that this agreement may be terminated upon one month written notice by either the parent or the child care services. Notice shall be received by the last day of the month.

THE FOLLOWING ARE AUTHORIZED TO PICK UP MY CHILDREN:

NAME:

RELATIONSHIP TO CHILD:

The parent agrees that he/she will inform the Program of any information changes throughout the school year.

I hereby acknowledge that I am aware of the Before and After School Program's conditions stated in this agreement and I agree to abide by these conditions.

Parent/Guardian signature: _____

CHILD'S HEALTH INFORMATION

Child's name: _____

Date of Birth: _____ Starting date: _____

Health Card Services Number: _____

Mother's Name: _____ Phone number: _____

Home address: _____ Cell number: _____

Postal code: _____ Place of business: _____

Business phone: _____

Father's Name: _____ Phone number: _____

Home address: _____ Cell number: _____

Postal code: _____ Place of business: _____

Business phone: _____

Are both parents listed above authorized to remove the child from the Program?

_____ YES _____ NO

Comments:

In case of emergency, the child care services will contact the following physician for medical treatment:

Physician's name and address: _____

Phone: _____

Provide the names of two other persons (other than parents) to contact in case of emergency:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Date: _____ Parent/Guardian signature: _____

Allergies: Does your child have any drug known allergies: YES NO

IF YES, what are they and what are your child's symptoms/reactions?

Allergies: Does your child have any food known allergies: YES NO

IF YES, what are they and what are your child's symptoms/reactions?

Allergies: Does your child have any other allergies: YES NO

IF YES, what are they and what are your child's symptoms/reactions?

Other medical information:

Does your child take medication on a regular basis: YES NO

IF YES, please give the name of the medication and medical condition:

Please comment on any other medical information the child care service should be aware of:

Self Care: Does your child need any help with dressing: YES NO

IF YES, please identify the areas of difficulty:

Does your child need any help with toileting: YES NO

IF YES, please identify the areas where assistance is required:

Date: _____ Parent/Guardian signature: _____