



**Program Coordinator:**

**Verena Popowich (306) 620-7969**

**SIGN Before and After School Program**

**St. Paul’s School**

**SIGN Before and After School Program**

* **The cost is $220.00 per month for one child. Any additional children from the same family will be an extra $165.00 per additional child. All Kindergarten spots are $110.00 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 -30oC 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.**

**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 the program phone at (306) 620-7969.**

**Footwear:**

**Each child must have their own pair of shoes. You can have a separate pair just for program or they can use their classroom shoes and bring them daily.**

**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 2022-2023***

***St. Paul’s Before And After School Program***

**Postdated cheques, made out to SIGN, must be included for the full term of this signed agreement and be dated for the first of each month. There will be no exceptions. Applications without checks DO NOT and WILL NOT guarantee a place for your child.**

**Any NSF’s will be subject to $25.00 NSF fees. NSF cheques must be replaced in the same month.**

Agreement between:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and **St. Paul’s** **Before and After School Program**

Parent/Guardian 83 North Street

Yorkton, SK S3N 0G9

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

Street Address/Box Number email

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

City Postal Code Ph: (Home) (Work) (Cell)

The parent/guardian may be required to sign additional documentation regarding policies of the child care service.

1. The parent/guardian agrees to place the following children in the above named child care service:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entering Grade: \_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entering Grade: \_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entering Grade: \_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entering Grade: \_\_\_\_\_\_\_

If you the parent/guardian have not informed the coordinator of an absence after school you will receive a phone call concerning the reason for the absence.

If you have a fluctuating schedule you are encouraged to provide a schedule to the coordinator (weekly or monthly).

1. **Fees are payable by the first day of the month. Nonpayment of fees may be cause for immediate termination without notice. Postdated cheques will be required at the time of registration.**

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

|  |  |
| --- | --- |
|  | FULL TIME |
| FIRST CHILD | $220.00/ MONTH |
| SECOND CHILD OR MORE | $165.00/MONTH |

**ALL KINDERGARTEN SPOTS WILL PAY $110.00 PER MONTH**

1. **The parent and child care service agree that the following fee shall be charged for late pick-up of a child: $10.00 per every 5 minutes past 5:30 PM as per the program clock**.
2. The parent and child care service agree that this agreement may be terminated upon 1 month written notice by either the parent or child care service. Notice shall be received by the last day of the month.
3. The following people are authorized to pick my children up from the program:

Name: Relationship to child:

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

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Please note that if a person picking up your children is not on this list they will not be allowed to take them unless you personally inform the coordinator ahead of time.

1. The parent agrees that they will inform the program coordinator if any important information about any child changes throughout the duration of child care services provided.

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

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

Parent/Guardian Before and After School Program

Representative

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

Date Date

SIGN OFFICE USE:

Withdrawal Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:

**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:**

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**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?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**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:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**IF YES, please identify the areas of difficulty:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Does your child need any help with toileting: YES NO**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**