



# AFTER-SCHOOL & JK/SK PA DAY'S & CAMP ENROLLMENT FORM

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

Age: \_\_\_\_\_

Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

## CONTACT INFORMATION

### Parent/Guardian #1

Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Address (Home):

\_\_\_\_\_

\_\_\_\_\_

Address (Work):

Email: \_\_\_\_\_

### Parent/Guardian #2

Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Address (Home):

\_\_\_\_\_

\_\_\_\_\_

Address (Work):

Email: \_\_\_\_\_

### Emergency Contact 1

Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

### Emergency Contact 2

Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

### Physician

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

### OFFICE USE ONLY

Enrolment Start Day: \_\_\_\_\_ Enrolment End Day: \_\_\_\_\_

Other: \_\_\_\_\_

# AFTER-SCHOOL & JK/SK PROGRAM 2018



**School Name**

<input type="checkbox"/> Blake Street Junior Public School <input type="checkbox"/> Chester Elementary School <input type="checkbox"/> Frankland Community School <input type="checkbox"/> Holy Name Catholic School	<input type="checkbox"/> Jackman Avenue Public School <input type="checkbox"/> Pape Avenue Junior Public School <input type="checkbox"/> Wilkinson Junior Public School <input type="checkbox"/> Withrow Avenue Junior Public School <input type="checkbox"/> Williamson Road Junior Public School
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**Afterschool Program (3:00 pm – 6:00 pm)**

**5 Days a Week**  
 **3 Days a Week** *(Please circle days attending)*

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> <b>Extended Care</b>		<input type="checkbox"/> 6:00 pm – 6:30 pm		

**Morning Program (7:45 am – 8:45 am)**

**5 Days a Week**  
 **3 Days a Week** *(Please circle days attending)*

Monday	Tuesday	Wednesday	Thursday	Friday
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# After- School & JK/SK PA Days Program



## PA DAYS 2017/2018 (9:00 AM TO 5:00 PM)

- October 06, 2017
- November 17, 2017
- December 01, 2017
- January 19, 2018
- February 16, 2018
- JUNE 08, 2018
- JUNE 29, 2018

STUDENTS IN OUR AFTER – SCHOOL PROGRAM: \$65.00/DAY INCLUDES SNACK

ALL OTHER PARTICIPANTS: \$75.00/DAY INCLUDES SNACK

\*ADDITIONAL \$10 PER DAY CHARGE FOR EXTENDED HOURS: 8:00 AM TO 9:00 AM OR \$40.00 PER WEEK

\*ADDITIONAL \$10 PER DAY CHARGE FOR EXTENDED HOURS: 5:00 PM TO 6:00 PM OR \$40.00 PER WEEK

## Play Loft Camps

- Part-Time (9:00 am – 12:00 pm)
- Full-Time (9:00 am – 5:00 pm)

**Winter Camp (January 02<sup>nd</sup> – January 05<sup>th</sup> 2018)** *Please circle days attending*

Monday	Tuesday	Wednesday	Thursday	Friday
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**March Break Camp (March 12<sup>th</sup> – March 16<sup>th</sup> 2018)** *Please circle days attending*

Monday	Tuesday	Wednesday	Thursday	Friday
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STUDENTS IN OUR AFTER – SCHOOL PROGRAM: \$65.00/DAY INCLUDES SNACK

ALL OTHER PARTICIPANTS: \$75.00/DAY INCLUDES SNACK

\*ADDITIONAL \$10 PER DAY CHARGE FOR EXTENDED HOURS: 8:00 AM TO 9:00 AM OR \$40.00 PER WEEK

\*ADDITIONAL \$10 PER DAY CHARGE FOR EXTENDED HOURS: 5:00 PM TO 6:00 PM OR \$40.00 PER WEEK

## After- School & JK/SK PA Days Progra

### Your Child's Health

Is your child anaphylactic? *(Please Circle)* YES NO

Do they have an auto-injector *(Please Circle)* YES NO

Are you concerned that your child may e prone to any type of allergies? *Please describe*

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Does your child have any medical conditions of which we should be made aware?

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Has your child had the following common childhood illnesses? *(Please Circle)*

*Does your child have problems with any of these?*

- Constipation
- Convulsions
- Diarrhea
- Fainting Spells
- Frequent Colds
- Frequent Ear Infections
- Skin Rash

*Has your child had any of these diseases?*

- Asthma
- Bronchitis
- Chicken Pox
- Diabetes
- Heart Disease
- Mumps
- Measles

Does your child have any speech, hearing or visual problems?

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Would there be any restriction to play or activities?

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Are there any food restrictions?

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What language(s) are spoken at home?

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Are there any other comments or information you would like to let us know about?

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# After- School & JK/SK PA Days Program



## Play Loft Authorization for Child Pickup

We would like to remind all parents of our school policy regarding the safe pick-up of children from school by a person other than the parent or legal guardian. As a measure of security, we require prior written notification from parents authorizing the person(s) picking up your child(ren) from school, either on a regular or occasional basis, such as car-pooling.

To this effect, by signing this form, parents will inform Play Loft of the person(s) allowed to pick-up their child(ren) for the current school year only.

In the event of an unforeseen emergency situation, whereby a different person other than those listed on the Authorization Form will be picking up your child, we ask that a parent telephone the school as soon as possible to apprise us of this situation. The school's policy is such that we will not allow someone to leave with a child without prior notification from the parents. The safety of your child is of utmost importance and we know that you, as parents, will understand the reasons for this policy.

If there is a legal custody, access, restraining order or judgment that the school should be made aware of, please indicate this in the appropriate check-box below and provide instructions for our staff on the back of this form. We thank you in advance for your cooperation in this important matter.

\_\_\_\_\_

\_\_\_\_\_

Student Name

Program

Name of Persons	Relationship to Child	Telephone (home/work)

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian

Date

\_\_\_\_\_

Printed Name of Person Signing

# After- School & JK/SK PA Days Program



## **CUSTODY & ACCESS ORDERS**

Please fill in only if there is a legal order, judgment, or restraint in place regarding custody, access or restraint

For the protection of your child(ren).

Name of Person on the Order:

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Document (copy is optional):

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Detailed instructions concerning this person:

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I declare that that information provided herein is true. I do not hold Play Loft responsible for any unforeseen or unknown circumstance whereby the order or judgment named above may be breached or compromised. The information has been provided on a need-to-know basis, to assist the school with knowledge of the circumstances only.

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Signature of Parent/Guardian Date

# After- School & JK/SK PA Days Program

## AFTER SCHOOL PROGRAM RULES



The following student rules are in effect, although additional rules may be made from time to time, especially for specific parts of the building or specific activities:

1. Follow the directions given by the teacher
2. Be respectful of others, yourself and the property
3. Always remain with a teacher
4. Be responsible for your own belongings and respect the property that belongs to others
5. Inside the building, walk
6. Inside the building use talking voices
7. Use appropriate language
8. Keep your hands and feet to yourself
9. Be respectful of all the games and property at Play Loft (including the Playroom)

We ask parents to go over these rules, then sign and have the child sign them, when the student enrolls.

We will try to consistently affirm the children when their behavior has been positive and when they have done what the staff person has asked them to do. The staff will conscientiously thank the children when they have displayed an attitude that needs to be affirmed. When undesirable behavior occurs, the following consequences are in effect:

1. The adult will remind the student of the behavior expected.
2. No child shall be subjected to abuse or neglect, cruel, unusual, severe, or corporal punishment, including any type of physical hitting inflicted in any manner upon the body; punishments which subject a child to verbal abuse, ridicule, or humiliation; denial of snacks, rest, or bathroom facilities; force-feeding; forcing a child to remain in soiled clothing or forcing a child to remain on the toilet; other punishment for soiling, wetting, or not using the toilet; or other punishment related to eating or not eating food
3. Any serious property damage at Play Loft as a result of the child's actions or behaviour will have to be compensated by the parents

We have read and talked about the rules.

Child's Signature: \_\_\_\_\_

Parent or guardians signature: \_\_\_\_\_

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