## **Christ the King School**

A School in the Catholic Tradition since 1955



## BEFORE & AFTER CARE REGISTRATION FORM - 2023-2024 (Please use one form per student)

Before and After Care is available to all students at Christ the King School. The Before School program begins at 7:00am until 8:30am – the After Care program begins at dismissal time at 3:25pm (or 1:55pm at Early Dismissal) until 6:00pm.

\*For your child's safety, please note that any students not picked up by <u>3:30pm</u> (or <u>2:00pm</u> on Early Dismissal days) will be sent to the After School program (as per the Parent Handbook) as there is no supervision in the playground at dismissal time.

| Morning Only Afternoon Only   |                        |                           |                            | Fi  |                             |                        |                                   |                              |  |
|---|------------------------|---------------------------|----------------------------|---|-----------------------------|------------------------|-----------------------------------|------------------------------|--|
| Individual  |                        |                           |                            |   | per afternoon               |                        | <u>ı<b>ll Day</b></u><br>dividual | \$13.00 per day              |  |
| Family (3+ children)  |                        | 0                         | mily (3+ childr            |   |                             |                        |                                   | ) \$30.00 per day            |  |
| ranning (3 · chinarch)  | \$17.00 per morm       | ing ru                    | imy (5 · cimal             | CII) \$20.00  | per urterrioor              |                        | army (5) crimarer                 | 1) \$30.00 per day           |  |
| tudent Name:  | First)                 |                           |                            |   |                             | Last)                  |                                   |                              |  |
|   |                        | <mark>ll Phone</mark> : _ |                            | Eı  | mail:                       |                        |                                   |                              |  |
| Please indicate (v) the t   | ype of service you r   | r <mark>equire</mark> :   | Morning O                  | NLYE  | vening ONLY _               | вот                    | н                                 |                              |  |
| requency:Full t   | ime (Monday to Frida   | ay)                       | _Part time (1-4            | days per weel   | k)Occ                       | asional                |                                   |                              |  |
| TUDENT MEDICAL IN   | FORMATION              |                           |                            |   |                             |                        |                                   |                              |  |
| Manitoba Medical # (6 digits)   |                        |                           |                            |   | PHIN (9 digits) Student #1: |                        |                                   |                              |  |
|   |                        |                           |                            |   |                             | ıdent #2:<br>ıdent #3: |                                   |                              |  |
| Ooctor's Name   |                        |                           |                            |   | Doctor's Phone No.          |                        |                                   |                              |  |
| s your shild(ron) ourse   | u taking any nhysisis. | n nroceril-               | od modication 2            | Dloaco idantif  | child's name :              | mars +l-               | on one attending th               | o program                    |  |
| s your child(ren) currentl  | y taking any physiciar | n prescribe               | u medication?              | riease identity   | cilla s name it             | more tha               | an one attending tr               | ie program.                  |  |
| Please list any allergy med   | dication currently bei | ng taken, r               | easons, and ho             | w often   |                             |                        |                                   |                              |  |
|   |                        |                           |                            |   |                             |                        |                                   |                              |  |
| ife Threatening Allergy   |                        | YES                       | NO If Yes, pl              | ease list detai   | ls in the space p           | rovided l              | pelow.                            |                              |  |
| Prescribed an Epi-Pen   |                        |                           | N() I '                    | Epi-Pen Provided to the School YES NO                                 |                             |                        |                                   |                              |  |
|   |                        | Inhaler Pi                |                            | Pen Carried by the student? YES NO aler Provided to the School YES NO |                             |                        |                                   |                              |  |
| Asthma  | Ц                      | ☐ YES ☐ NO                |                            | Inhaler Carried by the student?                                       |                             |                        |                                   |                              |  |
| Bleeding Disorder Y   |                        | YES                       |                            | -   |                             |                        |                                   | which child the information  |  |
| Diabetes YES  |                        | YES                       | NO pertains                | pertains to if you have more than one child attending the program.    |                             |                        |                                   |                              |  |
| Heart Condition YES [   |                        | YES                       | NO                         |   |                             |                        |                                   |                              |  |
| eizure Disorder YES NC  |                        |                           | NO                         |   |                             |                        |                                   |                              |  |
| EMERGENCY CONTACT   | Γ INFORMATION          |                           |                            |   |                             |                        |                                   |                              |  |
| Please provide TWO (2) n  |                        |                           |                            | tion in the eve   | ent that we are             | unable to              | <u> </u>                          | nergency.                    |  |
| Name  |                        |                           | Home Phone:<br>Cell Phone: |   |                             |                        | Relationship                      |                              |  |
| Name  |                        |                           | Home Phone:                |   |                             |                        | Relationship                      |                              |  |
|   |                        |                           | Cell Phone:                |   |                             |                        | Kelationship                      |                              |  |
| AUTHORIZED INDIVIDING INDIVIDION IN AUTHORIZED INDIVIDION IN AUTHORIZED |                        |                           |                            |   |                             |                        |                                   | ot release a child to anyone |  |
| NAME  |                        |                           |                            | CONTACT IN  | FORMATION (h                | ome ph.                | /cell ph.)                        |                              |  |
|   |                        |                           |                            |   | ,                           | <u> </u>               | • •                               |                              |  |
|   |                        |                           |                            |   |                             |                        |                                   |                              |  |
|   |                        |                           |                            |   |                             |                        |                                   |                              |  |

Billing Procedure: Attendance is recorded on a daily basis. This information is submitted to the school Business Manager who will send you an invoice at the end of each month payable by cash, cheque (payable to Christ the King School) or by E-Transfer. Pickups after 6:00pm are subject to a fee of \$5.00 for every 10 minutes (or portion thereof) after 6:00pm.