Christ the King School

A School in the Catholic Tradition since 1955

BEFORE & AFTER CARE REGISTRATION FORM – 2026-2027 (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 3:30pm (or 2:00pm 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.

BEFORE AND AFTER SCHOOL FEES FOR 2026-2027

Morning Only		Afternoon Only		Full Day	
Individual	$ 6.00 per morning	Individual	$ 8.00 per afternoon	Individual	$13.00 per day
Family (3+ children)	$17.00 per morning	Family (3+ children)	$20.00 per afternoon	Family (3+ children)	$30.00 per day

Student Name: _____
(First) (Last)

Home Phone: _____ Cell Phone: _____ Email: _____

Please indicate (V) the type of service you require: _____**Morning** ONLY _____**Evening** ONLY _____**BOTH**

Frequency: _____Full time (Monday to Friday) _____Part time (1-4 days per week) _____Occasional

STUDENT MEDICAL INFORMATION

Manitoba Medical # (6 digits)	PHIN (9 digits)
Doctor's Name	Doctor's Phone No.
Is your child(ren) currently taking any physician prescribed medication? Please identify child's name if more than one attending the program.	
Please list any allergy medication currently being taken, reasons, and how often	

Life Threatening Allergy	☐ YES ☐ NO	If Yes, please list details in the space provided below.	
Prescribed an Epi-Pen	☐ YES ☐ NO	Epi-Pen Provided to the School Epi-Pen Carried by the student?	☐ YES ☐ NO ☐ YES ☐ NO
Asthma	☐ YES ☐ NO	Inhaler Provided to the School Inhaler Carried by the student?	☐ YES ☐ NO ☐ YES ☐ NO
Bleeding Disorder	☐ YES ☐ NO	****Please list any notes or conditions not listed here and indicate which child the information pertains to if you have more than one child attending the program.**	
Diabetes	☐ YES ☐ NO		
Heart Condition	☐ YES ☐ NO		
Seizure Disorder	☐ YES ☐ NO		

EMERGENCY CONTACT INFORMATION

Please provide TWO (2) names and contact information in the event that we are unable to reach you in an emergency.

Name	Home Phone: Cell Phone:	Relationship
Name	Home Phone: Cell Phone:	Relationship

AUTHORIZED INDIVIDUALS: List the names of any other individual(s) who are authorized to pick up your child(ren). We cannot release a child to anyone under the age of 12 years old. Changes to the list of Authorized Individuals must be made in writing to the school office.

NAME	CONTACT INFORMATION (home ph. /cell ph.)

Parent Signature: _____ **Date:** _____

Billing Procedure: *Attendance is recorded on a daily basis. This information is submitted to the school Accountant 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.Payments are due by the end of the month, ex. October usage due by November 30th.*

Note: There is a $50.00 charge for any NSF cheques.

Pickups after 6:00pm are subject to a fee of $5.00 for every 10 minutes (or portion thereof) after 6:00pm.