



Afterschool & JK/ SK Enrollment Form

Child's Full Legal Name: _____

Date of Birth _____ Age _____

Address _____ Postal Code _____

Parent Information

Parent/Guardian 1

Parent Name: _____

Primary Phone Number: _____

Alternate Phone Number: _____

Email Address: _____

Home Address: _____

☐ Same as Child

Parent/Guardian 2

Parent Name: _____

Primary Phone Number: _____

Alternate Phone Number: _____

Email Address: _____

Home Address: _____

☐ Same as Child

Office Use Only

Enrolment Start Day: _____ Enrolment End Day: _____

Other: _____

After-School & JK / SK Programs

School Name

- ☐ Jackman Avenue Public School
- ☐ Chester Elementary School
- ☐ Frankland Community School
- ☐ Holy Name Catholic School
- ☐ Other _____

Grade & Classroom Information

- ☐ Junior Kindergarten (JK)
- ☐ Senior Kindergarten (SK)
- ☐ Grade _____
- ☐ Room Number _____
- ☐ Teacher's Name(s) _____
- ☐ Dismissal Door Number _____

☐ **Morning Program (7:45 am – 8:30 am)**

☐ **Afterschool Program (3:00 pm – 6:00 pm)**

After-School & JK / SK PA DAYS

PA Days 2026/2027 (9:00 am – 5:00 pm)

- ☐ November 20th, 2026
- ☐ January 15th, 2027
- ☐ February 12th, 2027
- ☐ June 04th, 2027
- ☐ June 30th, 2027

***** Please bring your own lunch**

Extended Hours

☐ 5:00 pm – 6:00 pm

Play Loft Camps

Winter Camp (December 21st, 2026 – December 24th, 2026)

**** Please note Play Loft will only be open until 12:00 pm on December 24th, 2026**

☐ Full Day (9:00 am – 4:00 pm)

Extended Hours

☐ 4:00 pm – 5:00 pm

☐ 4:00 pm – 6:00 pm

March Camp (March 15th, 2027 – March 19th, 2027)

☐ Full Day (9:00 am – 4:00 pm)

Extended Hours

☐ 4:00 pm – 5:00 pm

☐ 4:00 pm – 6:00 pm

***** Please bring your own lunch**

Your Child's Health

If your child is anaphylactic? *(Please circle)* YES NO

Does your child need an Epi-Pen? *(Please circle)* YES NO

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

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

Has your child had the following common childhood illness?

☐ Constipation	☐ Asthma
☐ Convulsions	☐ Bronchitis
☐ Diarrhea	☐ Chicken Pox
☐ Fainting Spells	☐ Diabetes
☐ Frequent Colds	☐ heart disease
☐ Frequent Ear Infections	☐ Mumps
☐ Skin Rash	☐ Measles

Does your child have any speech, language, hearing or visual delays?

Are there any food restrictions?

What language (s) are spoken at home?

Is there any other information you would like to let us know about?

Emergency Contacts

In the event of an emergency, if parents cannot be reached, the following individual(s) may be contacted. Please list in order of preference.

Emergency Contact # 1

Contact Name: _____

Primary Phone Number: _____

Alternate Phone Number: _____

Relationship to Child: _____

Home Address: _____

☐ Authorized to pick-up child

Emergency Contact # 2

Contact Name: _____

Primary Phone Number: _____

Alternate Phone Number: _____

Relationship to Child: _____

Home Address: _____

☐ Authorized to pick-up child

Emergency Contact # 3

Contact Name: _____

Primary Phone Number: _____

Alternate Phone Number: _____

Relationship to Child: _____

Home Address: _____

☐ Authorized to pick-up child

Play Loft Authorization for Child Pickup

We would like to remind all parents of Play Loft's policy regarding the safe pick-up of children 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.

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 Play Loft as soon as possible to apprise us of this situation. Play Loft'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.

Full Legal Name	Relationship to Child	Primary Phone Number

Parent Signature: _____

Date: _____

Custody Arrangements (If applicable)

Are there custody arrangements pertaining to the legal right of access to your child? **YES NO**

If YES, please provide a copy of the appropriate legal documentation (e.g., court order)

Name(s) of custodial parent(s): _____

Name(s) of individuals prohibited from accessing/picking up your child: _____

Parent Signature: _____

Date: _____

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 (or write their name), when the student enrolls.

We will try to consistently affirm the children when their behaviour 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 behaviour occurs, the following consequences are in effect:

1. The adult will remind the student of the behaviour 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: _____