



## After-school & JK / SK Enrolment Form

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

Age \_\_\_\_\_

Birthday \_\_\_\_\_

Address \_\_\_\_\_

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

### Contact Info:

#### Parent/Guardian 1:

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

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

Work Phone \_\_\_\_\_

Address Work \_\_\_\_\_

E-mail \_\_\_\_\_

#### Parent/Guardian 2:

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

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

Work Phone \_\_\_\_\_

Address Work \_\_\_\_\_

E-mail \_\_\_\_\_

#### Emergency Contact 1:

Name \_\_\_\_\_

Phone \_\_\_\_\_

#### Emergency Contact 2:

Name \_\_\_\_\_

Phone \_\_\_\_\_

#### Physician:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_

#### 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
- Pape Avenue Junior Public School
- Wilkinson Junior Public School
- Withrow Avenue Junior Public School

### 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

**Extended Care**  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



## After-School & JK / SK PA DAYS

### PA Days 2018/2019 (9:00 am – 5:00 pm)

- October, 05<sup>th</sup> 2018
- November, 16<sup>th</sup> 2018
- December, 07<sup>th</sup> 2018
- January, 18<sup>th</sup> 2019
- February, 15<sup>th</sup> 2019
- June, 07<sup>th</sup> 2019
- June, 28<sup>th</sup> 2019

Students in our after-school program: \$ 65/day includes snack

All other participants: \$75 /day includes snack

Additional \$10 per charge for extended hours:  8:00 am to 9:00 am

Additional \$10 per charge for extended hours:  5:00 pm to 6:00 pm

### Play Loft Camps

- Part-Time (9:00 am – 12:00 pm)
- Full-Time (9:00 am – 4:00 pm)

- Winter Camp (January 02<sup>nd</sup>– January 04<sup>th</sup> 2019) *Please circle days attending*

Monday	Tuesday	Wednesday	Thursday	Friday
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- March Break Camp (March 11<sup>th</sup> – March 15<sup>th</sup> 2019) *Please circle days attending*

Monday	Tuesday	Wednesday	Thursday	Friday
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- Half Day (9 am – 12 pm) or (1 pm – 4 pm): \$ 195 /wk or \$ 50 /day

- Full Day (9 am – 4 pm): \$ 280 /wk or \$ 75 /day

**\* Please note a minimum 3 day sign up is required**

Additional \$10 per day charge for extended hours:  8:00 am to 9:00 am or \$ 40 per week

Additional \$10 per day charge for extended hours:  4:00 pm to 5:00 pm or \$ 40 per week

5:00 pm to 6:00 pm or \$ 40 per week



## 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 be 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? Has your child had any of these diseases?*

- |  |  |
|--|--|
| <input type="checkbox"/> Constipation            | <input type="checkbox"/> Asthma        |
| <input type="checkbox"/> Convulsions             | <input type="checkbox"/> Bronchitis    |
| <input type="checkbox"/> Diarrhea                | <input type="checkbox"/> Chicken Pox   |
| <input type="checkbox"/> Fainting Spells         | <input type="checkbox"/> Diabetes      |
| <input type="checkbox"/> Frequent Colds          | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Mumps         |
| <input type="checkbox"/> Skin Rash               | <input type="checkbox"/> 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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## 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



## 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

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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, 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: \_\_\_\_\_