

Before & After Care Program

Prairie Central Adventist Academy provides space for The Before & After Program to be operated by an independent contractor. Call 204-667-2383 for additional information.

Program Times:

Before

Starts	Ends
7:30 am	8:30 am

After

Starts	Ends
3:30 pm	5:30 pm

Program Fees:

AM and PM	\$13.00 daily (Maximum of 2 hrs in PM)
AM only	\$5.00 per 1 hour of use
PM only	\$5.00 per 1 hour of use

Late Departure Fees:

Please note that it is the responsibility of the parent to contact the B&A Care Provider if they are going to be late to pick up their child. If parents do not contact the B&A Care Provider at least 15 minutes prior to the schedule picked up time, a late fee of \$2.00 per 15 minute interval will be charged.

Since PCAA is unable to provide teacher/staff supervision for both before and after school, children will automatically be placed in the Before & After Program (Fees Apply) when they are dropped off before 8:35 am and when they are not picked up by 4:00 pm. (It is the responsibility of parents to contact the school in the event of an emergency).

Days	Before Care	After Care
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
I would like Before & After Care to begin on:		
(Children must be collected by 5:30pm at the latest)		

Registration Agreement

Before & After Child Care Provider: _____

Address: _____

Telephone: _____ Fax: _____

Cell Phone: _____ Email: _____

Enrolment Date: _____ Start Date: _____

Child's Arrival Time: _____ Child's Pick up Time: _____

Mother/Guardian: _____

Home Address: _____

Employer: _____ Work Address: _____

Home Phone: _____ Work/School Phone: _____

Cell Phone: _____ E-Mail: _____

Father/Guardian: _____

Home Address: _____

Employer: _____ Work Address: _____

Home Phone: _____ Work/School Phone: _____

Cell Phone: _____ E-Mail: _____

Emergency Number: (If parent(s) not available

Name: _____ Relationship to Child: _____

Address: _____ Home Phone: _____

Manitoba Health Services Commission Registration number: Family: _____ Individual: _____

Doctor's Name: _____ Doctor's Contact Phone: _____

Emergency Pick-Up Person: In the event of an emergency, the following individual(s) can be contacted, if I cannot be reached:

Name: _____ Relationship to Child: _____

Address: _____

Home Phone: _____ Work/School Phone: _____

Cell Phone: _____ E-Mail: _____

Name: _____ Relationship to Child: _____

Address: _____

Home Phone: _____ Work/School Phone: _____

Cell Phone: _____ E-Mail: _____

Name(s) of the child(ren) in care is (are):

Name: _____ M__F__ Date of Birth: _____

Name: _____ M__F__ Date of Birth: _____

Name: _____ M__F__ Date of Birth: _____

Name: _____ M__F__ Date of Birth: _____

Custody Status: Mother _____ Father _____ Both _____ Guardian _____

Information regarding custody status: _____

(Please attach a copy of any custody or restraining order if applicable. All information is kept confidential in the child's file)

Alternate Pick-Up Person:

My child may be released to the following individuals upon notification, in writing, in person or by phone:

1. Name: _____ Address: _____
 Home Phone: _____ Work Phone: _____
 Relationship to child: _____
2. Name: _____ Address: _____
 Home Phone: _____ Work Phone: _____
 Relationship to child: _____
3. Name: _____ Address: _____
 Home Phone: _____ Work Phone: _____
 Relationship to child: _____

Family & Home Information:

Siblings or other children in household:

	Name	Age	Grade	Relationship to Child
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Language(s) spoken at home: _____

Cultural Background, Example: Traditions, practices, beliefs that caregiver should be aware of: _____

Child Information: What activities does your child enjoy? _____

Any behaviors that we should be aware of? _____

What foods does your child like to eat? _____

Does your child have any medical concerns or allergic reactions? _____

Before & After Care will be provided to your family according to the following terms:

The parent/or designate will bring the child(ren) at _____ am/pm and pick the child(ren) up at _____ am/pm.

Care will be provided:

- Mon Tue Wed Thu Fri

The provider will/will not supply:

- Homework _____ Evening Snack _____

The parent(s) will provide: _____

All parent fees are paid in advance/in arrears every _____ week(s).

The fee charged will be at the rate of \$ _____ per _____ effective _____.

A notice period of 2 weeks will be given if these fees are to change.

Fees will not be charged when the Before & After Program is closed due to illness or vacation.

A late fee will/not be charged at the rate of \$ _____ per _____ or portion thereof for late departures not previously arranged with the provider. This fee is due and payable to the B&A Care Provider.

I/we agree to the terms and conditions stated in the Registration Agreement. Any additions or deletions to this Parent agreement for Before & After Child Care will be initialed by the parent(s)/Guardian(s) and the Before & After Child Care Provider.

Date: _____

Signature of Parent/Guardian

Date: _____

Signature of Parent/Guardian

Date: _____

Signature of Before & After Child Care Provider