

## Before & After School Care Program

Prairie Central Adventist Academy provides space for the Before & After Program to be operated. 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

**2024-2025 Program Fees:** Following are the Monthly fees for 2024-2025. All fees are paid on the 1st working day of each month.

Please note these fees are fixed and are not pro-rated according to usage.

Before School Only 7:30 - 8:30	After School Only 3:30 to 5:30	Before & After No PD/Admin	Before & After With PD/Admin
\$92/Month	\$183/Month	\$238/Month	\$262/month

### 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 pick 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		

(Children must be collected by 5:30 pm at the latest)

## Registration Agreement

Before & After Child Care Provider: \_\_\_\_\_

Address: PCAA (56 Grey Street, Winnipeg, R2L 1V3)

Telephone (204) 667-2383 Fax: \_\_\_\_\_ (204) 667-1396

Cell Phone: \_\_\_\_\_ Email: info@pcaa.ca \_\_\_\_\_

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 individual(s) 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 **not** supply:

- Breakfast \_\_\_\_\_       Lunch \_\_\_\_\_       Evening Snack/Supper \_\_\_\_\_

The parent(s) will provide: \_\_\_\_\_  
\_\_\_\_\_

**All fees are paid on the 1st working day of each month.**

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

A late fee will/not be charged at the rate of \$  2   per   15   minute interval        or portion thereof for late departures not previously arranged with the 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 School Child Care will be initialed by the parent(s)/Guardian(s) and PCAA.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

Date: \_\_\_\_\_

\_\_\_\_\_  
\_ Signature of School Representative