

SBC After 3 Registration 2018

Section A – Parents

	First Name	Last Name
Mother/Legal Guardian		
Father/Legal Guardian		

Section B – Participant

Child's Name: _____
Surname First Name

Grade: _____

Section C – Payment Information

**Invoices will be sent out at the end of each month for the number of days attended.*

Select Payment Option (*cash, cheque, credit card or email money transfer accepted*)

___ Option #1: 5 Days/Week \$100.00

___ Option #2: 4 Days/Week \$80.00

- Please indicate days required _____

___ Option #3: 3 Days/Week \$60.00

- Please indicated days required _____

_____ Option #4: 2 Days/Week \$40.00

- Please indicate days required _____

_____ Option #5: 1 Day/Week \$20.00

- Please indicate day required _____

_____ Option #6: As Needed \$20.00/Day

- *SBC After 3 will need to be contacted in advance by a parent/guardian.*

A \$100.00 registration fee is required for all registrants. This fee will be applied to the first billing cycle.

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Section D – Consent & Signature

- I hereby register my child(ren) to attend SBC After 3.
- I consent to receive email communication from St. Bonaventure's College and understand I can unsubscribe anytime by clicking the unsubscribe button in ConstantContact emails.
- I give St. Bonaventure's College permission to use my child's photo. I understand that these images may be used in print publications, advertisements, and online for St. Bonaventure's College.
- I am familiar with all school policies and will respect and adhere to them.
- I agree to pay registration in accordance with the payment option selected.
- I understand this registration will only be considered complete if all required information has been submitted and the non-refundable registration for each child has been included.
- I understand I will be charged a \$25 fee for any NSF payments.
- I understand that all payments are non-refundable and St. Bonaventure's College will not reimburse fees for days missed due to absences.
- Children enrolled will abide by all regulations concerning discipline and behaviour while participating in SBC After 3.
- All children will be picked up by 5:30p.m. daily.

Date: _____ Signature: _____

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St. Bonaventure's College After School Program -- Participant Information Sheet 2018/2019

Please complete the information below and return to the school as soon as possible:

CHILD'S NAME: _____
First Middle Last
 GRADE – AS OF SEPTEMBER 2018 _____ DOB: _____ MCP #: _____
D/M/Y (Required information)

Mother's/Guardian's Name: _____
 Address: _____

 Occupation: _____
 Employer: _____
 Phone (h): _____
 Phone (w): _____
 Phone (c): _____
 Email _____

Father's/Guardian's Name: _____
 Address: _____

 Occupation: _____
 Employer: _____
 Phone (h): _____
 Phone (w): _____
 Phone (c): _____
 Email _____

SIBLINGS: Please list any siblings attending after school program

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

DOES YOUR CHILD HAVE ANY MEDICAL PROBLEMS (ALLERGIES, ASTHMA, ETC.) THAT WE SHOULD BE AWARE OF?

Yes No

If so, please explain: _____

How will your child leave each day?

- Walk home alone Go with sibling
 Wait for parent/guardian other? Please explain

EMERGENCY INFORMATION

In case of emergency, who should be contacted?

Name: _____ Relationship: _____

Phone: _____

Additional Contact: _____

**SBC After 3
Registration 2018**

**Field Trip Permission Form/
Emergency Medical Treatment Authorization**

We, _____ hereby authorize the counsellor in charge of _____ (child's name) to secure emergency medical advice and services as may be deemed necessary for the health and safety of our daughter/son (the "child") while participating in activities both on and off campus for SBC After 3. We hereby authorize the counsellor in charge to act generally on behalf of the child and as fully in/all aspects as we would reasonably do AND we hereby agree to accept financial responsibility for any excess of the benefits allowed by the Provincial Health Plan and undertake to save harmless and indemnify St. Bonaventure's College from all claims, demands actions or suits which may be brought against St. Bonaventure's College in respect to any matters or things hereinbefore set forth.

Dated in the City of St. John's, this _____ day of _____, 2018.

Signature of Parent/Guardian

Signature of Parent/Guardian

Parent/Guardian's Name, Address &
Telephone/Cell #'s/Email:

Parent/Guardian's Name, Address &
Telephone/Cell #'s/Email:

Other Medical Plans with Numbers:

Other Medical Plans with Numbers:

