

## SBC After 3 Registration 2019/20

### 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 – Enrolment Options and Payment Information

SBC After 3 will start on Monday, September 9, 2019, and run for 37 weeks (excluding the Christmas and Easter breaks) up to Tuesday, June 23, 2020.

Payments for SBC After 3 will be made primarily via pre-authorized debit/credit. Bi-weekly pre-authorized payments will start on **Thursday, September 5, 2019**, with the last payment occurring Thursday, June 11, 2020. There is no registration fee.

Select <b>ONE</b> option	Option	Number of Days	Weekly Cost	Yearly Cost	Bi-Weekly Payments
	1	1 per week	\$26.00	\$962	\$45.81
	2	2 per week	\$49.00	\$1,813	\$86.34
	3	3 per week	\$69.00	\$2,553	\$121.58
	4	4 per week	\$86.00	\$3,182	\$151.53
	5	5 per week	\$100.00	\$3,700	\$176.20

#### \_\_\_\_\_ **'As Needed' Option - \$275**

You may also choose a 10-day 'as needed' package at the cost of \$275. This must be purchased prior to the first day of attendance.

For all options/packages (other than 5 days a week), you will have to notify SBC After 3 via email at [sbcafter3@stbons.ca](mailto:sbcafter3@stbons.ca) by Friday of each week for the days you require for the following week. Short-notice requests will be approved subject to councillor/student ratio.

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**Options 1 through 5 are a commitment for the school year. If your child will no longer be attending SBC After 3, you MUST notify Krystal Holwell, in writing, one month in advance.**

**Select Payment Option** (for options 1 through 5):

- preauthorized debit
  - use banking information on file OR
  - A void cheque is attached
  
- preauthorized credit
  - Name on card \_\_\_\_\_
  - Card Number \_\_\_\_\_
  - Expiry \_\_\_\_\_ CVV \_\_\_\_\_
  
- Cheque (Only if paying in full for yearly cost) – Payable to St. Bonaventure’s College

**‘As Needed’ Payment Option**

- Cheque – Payable to St. Bonaventure’s College

**\*We will no longer be accepting Electronic Funds Transfers.\***

**Refunds and Cancellations**

No refunds will be given for any unused days.  
Cancellations will be communicated **in writing** one month in advance.

**Days Carried-Forward**

Due to administrative complexities, unused days will **NOT** be carried forward (excluding the 10-day ‘as needed’ package).

**Excess Days**

If you require any additional days above your pre-selected option, you should purchase a 10-day ‘as needed’ package or upgrade to another option.

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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 any time 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 in accordance with the payment option selected.
- I understand this registration will only be considered complete if all required information has been submitted and this document has been signed below.
- 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: \_\_\_\_\_

## SBC After 3 Registration 2019/20

### St. Bonaventure's College After School Program -- Participant Information Sheet 2019/2020

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

CHILD'S NAME:

First	Middle	Last
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GRADE – AS OF SEPTEMBER 2019 \_\_\_\_\_ DOB: \_\_\_\_\_ MCP #: \_\_\_\_\_

D/M/Y (Required information)

Mother's/Guardian's Name: _____	Father's/Guardian's Name: _____
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Address: _____	Address: _____
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Occupation: _____	Occupation: _____
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Employer: _____	Employer: _____
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Phone (h): _____	Phone (h): _____
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Phone (w): _____	Phone (w): _____
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Phone (c): _____	Phone (c): _____
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Email _____	Email _____
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**SIBLINGS:** Please list any siblings attending after school program

Name _____	Age _____	Name _____	Age _____
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Name _____	Age _____	Name _____	Age _____
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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?

- |   |  |
|---|--|
| <input type="checkbox"/> Walk home alone<br><input type="checkbox"/> Wait for parent/guardian | <input type="checkbox"/> Go with sibling<br><input type="checkbox"/> other? Please explain |
|---|--|

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**EMERGENCY INFORMATION**

In case of emergency, who should be contacted?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Additional Contact:

**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 \_\_\_\_\_, 2019.

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

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

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

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

\_\_\_\_\_  
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\_\_\_\_\_  
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Other Medical Plans with Numbers:

Other Medical Plans with Numbers:

\_\_\_\_\_

\_\_\_\_\_