

## SBC After 3 Registration 2023-24

### Section A – Parents

	First Name	Last Name
Parent /Legal Guardian		
Parent /Legal Guardian		

### Section B – Participant

Child's Name: \_\_\_\_\_  
Last Name
First Name

Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_

### Section C – Enrolment Options and Payment Information

SBC After 3 will start on **Monday, September 11, 2023**, and run until **Tuesday, June 18, 2024** (excluding Christmas and Easter breaks).

Payments for SBC After 3 will be made via pre-authorized debit/credit. Bi-weekly pre-authorized payments will start on **Friday, September 22, 2023**, with the last payment occurring **Friday, June 14, 2024**. There is no registration fee.

Select <b>ONE</b> option	Option	Number of Days	Bi-Weekly Payments
	1	1 per week	\$52.00
	2	2 per week	\$98.00
	3	3 per week	\$138.00
	4	4 per week	\$160.00
	5	5 per week	\$200.00

To ensure we have proper staffing in place, we ask that you specify which day(s) of the week your child will be attending (if less than 5 days a week). Please indicate the day(s) in the table below:

#### **Check the day(s) your child will be attending:**

Monday	Tuesday	Wednesday	Thursday	Friday

## **SBC After 3 Registration 2023-24**

### **\*Drop-in or As-Needed is also an option when necessary this year\***

Drop in attendance is available this year. Any days used in this fashion will be billed at the end of the month and must be paid within one week of receiving your invoice in order to continue utilizing our drop-in service. **Our drop-in fee is \$27.50 per day.**

If your child requires care for an unusual but set schedule, please contact Ms. Dana Norman at [dnorman@stbons.ca](mailto:dnorman@stbons.ca) to discuss attendance.

**All options are a commitment for the school year. If your child will no longer be attending SBC After 3, you MUST notify Dana Norman in writing, two weeks in advance.**

### **Select Payment Option:**

- preauthorized debit
  - use banking information on file OR
  - A void cheque is attached
  
- preauthorized credit

Please call for credit card payments

**We will not be accepting Electronic Funds Transfers for SBC After 3 payments.**

### **Refunds and Cancellations**

No refunds will be given for any unused days.

Cancellations will be communicated **in writing** two weeks in advance.

### **Days Carried-Forward**

Due to administrative complexities, unused days will **not** be carried forward.

**SBC After 3  
Registration 2023-24**

**Section D – Consent & Signature**

- I hereby register my child 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 Constant Contact 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.
- Children enrolled will abide by all regulations concerning discipline and behaviour while participating in SBC After 3.
- All children will be picked up by 5:30pm daily.

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

# SBC After 3 Registration 2023-24

## St. Bonaventure's College After School Program -- Participant Information Sheet 2023-24

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

CHILD'S NAME:

\_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

2023/24 Grade \_\_\_\_\_ DOB: \_\_\_\_\_ MCP #: \_\_\_\_\_

MCP # Expiry: D/M/Y \_\_\_\_\_

Parent/Legal Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Phone (h): \_\_\_\_\_

Phone (w): \_\_\_\_\_

Phone (c): \_\_\_\_\_

Email \_\_\_\_\_

Parent/ Legal 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

Wait for parent/guardian

Go with sibling

other? Please explain

**SBC After 3  
Registration 2023-24**

**EMERGENCY INFORMATION**

In case of emergency, who should be contacted?

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

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

Additional Contact: \_\_\_\_\_

**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 \_\_\_\_\_, 2023.

\_\_\_\_\_  
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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Medical Plans with Numbers:

Other Medical Plans with Numbers:

\_\_\_\_\_

\_\_\_\_\_