

SBC After 3 Registration 2025-26

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 8th, 2025**, and run until **Friday, June 19th, 2026** (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 19th, 2025**, with the last payment occurring **Friday, June 19th, 2026**. There is no registration fee.

Select ONE option	Option	Number of Days	Bi-Weekly Payments
	1	1 per week	\$54.00
	2	2 per week	\$100.00
	3	3 per week	\$144.00
	4	4 per week	\$168.00
	5	5 per week	\$210.00

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

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***Drop-in or As-Needed is also an option when necessary.**

Drop-in attendance is available this year. For any drop-in days used in a particular month, automatic debit/credit payments will occur between the 3rd and 5th of the following month. For example, payments for drop-in days used during September 2025 will be processed between October 3rd and 5th, 2025.

Our drop-in fee is \$28 per day.

If your child requires care for an unusual but set schedule, please contact Ms. Dana Norman at 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.

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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: _____

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St. Bonaventure's College After School Program -- Participant Information Sheet 2025-26

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

CHILD'S NAME:

	First	Middle	Last
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2025/26 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
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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?

☐ Walk home alone

☐ Wait for parent/guardian

☐

Go with sibling

☐

other? Please explain

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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 _____, 2025.

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:
