

Cedars Christian School

Operating Cedars After School Care



Educating and equipping discerning disciples of Jesus Christ for restorative work in His kingdom

REGISTRATION FOR CEDARS AFTER SCHOOL CARE

Please complete the registration form in full and submit it to the Cedars Christian School Main Office along with the first month's fee. Upon processing your registration, you will be contacted to confirm your enrolment in the After School Care Program. Please note that once your registration for the program is confirmed, one month written notice is needed if you wish to cancel and avoid a charge to your account.

Parent(s)/Guardian(s) Name: _____

Address: _____

E-mail: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Children to be enrolled in after-school care:

1.) Name: _____ Grade: _____ Birthdate: _____ Sex: _____

2.) Name: _____ Grade: _____ Birthdate: _____ Sex: _____

3.) Name: _____ Grade: _____ Birthdate: _____ Sex: _____

School Currently Attending (if not Cedars): _____

Please indicate the days that after-school care is required:

Monday Tuesday Wednesday Wednesday (EARLY DISMISSAL ONLY) Thursday Friday

Person(s) Authorized to pick up your child (other than parent/guardian):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Emergency Contact:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone Number: _____

Phone Number: _____

Medical Information:

Care Card #: Child #1: _____

Child #2: _____

Child #3: _____

Family Doctor: _____

Doctor's Phone #: _____

Allergies: _____

Medications: _____

Immunizations: _____

Other Concerns (Behavior, Speech, Vision, Hearing etc.): _____

PARENT/GUARDIAN AGREEMENT

I/We agree to enroll my/our child(ren) in the Cedars After School Care Program for the 2019-2020 school year and understand, agree with and will adhere to the terms and conditions of the program.

Parent/Guardian Names (Please Print): _____

Parent/Guardian Signatures: _____

Date: _____

OFFICE USE ONLY	
Registration Received: _____	Registration Approved: _____
First Attendance Date: _____	Last Attendance Date: _____
Children Enrolled: _____	Total Monthly Fee: _____
Payment Method: PAD <input type="checkbox"/> Online <input type="checkbox"/> Other: <input type="checkbox"/> _____	

GENERAL TERMS & CONDITIONS

AFTER SCHOOL CARE & FEE SCHEDULE

After School care is provided during regular school days from September to June. Fees are charged monthly for 9 months from September to May to take into consideration the 2 week Christmas & Spring Breaks. Fees are due the 1st of the month and can be paid by Pre-Authorized Debit, recurring credit card online, debit, credit card, cash or cheque.

FEE STRUCTURE

For the 2019-2020 School Year, the fee structure is as follows:

Full-time: \$250 per month per child

Wednesday Early Dismissal: (1:30–3:00 pm) \$60 per month per child

REFUNDS & WITHDRAWALS

No repayment of fees shall be given for days missed due to illness, vacation, school closures, special events or statutory holidays. Parents/Guardians shall provide one month's written notice to withdraw their child from the Cedars After School Care Program. In the absence of such written notice, the fee for the following month shall remain due and payable.

LATE PICK-UP PENALTY

Parents/Guardians will ensure that their child is picked up from the After School Care Program by 6:00 pm. If parents are late, a penalty of \$10.00 for each 15 minutes will be charged to their account starting at 6:15 pm.

ALTERNATE PICK-UP

Parents/Guardians will give prior consent to staff if their child is to be picked up by someone not listed as authorized to pick the child up on the Registration Form.

PROGRAM ATTENDANCE

Parents/Guardians will inform staff in advance if their child will be absent for any reason.

SNACK

Parents shall provide a nutritious snack for their child(ren) attending Cedars After School Care.

POLICIES & PROCEDURES

Please refer to the Cedars After School Care Policies & Procedures Manual for more information.

PARENT/GUARDIAN AGREEMENT

I/We agree to enroll my/our child(ren) in the Cedars After School Care Program and understand, agree with and will adhere to the terms and conditions as well as the policies and procedures of the program.

Parent/Guardian Names (Please Print): _____

Parent/Guardian Signatures _____

Date: _____

EMERGENCY PERMISSION FORM

Cedars After School Care
701 N.Nechako Rd, Prince George, BC
Ph: 250-961-6117

Child's Name: _____ Date: _____
Address: _____ Home Phone: _____
Hair Colour: _____ Eye Colour: _____ Birth Date: _____
Care Card #: _____
Allergies: _____
Medical Condition: _____
Medication: _____

Child resides with: Mother Father Both Guardian

Mother's Name: _____
Cell Phone: _____ Work Phone: _____

Father's Name: _____
Cell Phone: _____ Work Phone: _____

Emerg. Contact: _____
Phone: _____ Address: _____

Child's Dr.: _____ Phone: _____
Child's Dentist: _____ Phone: _____

We all want and need to stay healthy. If your child develops a fever or becomes ill, we will notify you and ask that he/she be removed as soon as possible

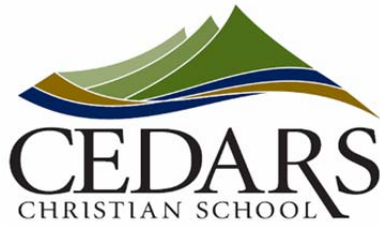
In the event that a child requires medical attention, staff reserves the right to call an ambulance or medical practitioner to ensure the safety of the child. Any costs incurred are the responsibility of the parent.

I give permission for Cedars After School Care to make the necessary decisions and action needed for my child _____ when he/she becomes ill or injured.

Signature of After School Coordinator: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____



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Photo/Video Release Form

I, _____
(Parent or Guardian's name)

Give permission for _____ **Cedars After School Care** _____
(Name of childcare provider or facility)

To photograph my child, _____
(Child's name)

For the following purposes:

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs		
Video		

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

(Parent or Guardian signature and date)

CALL US

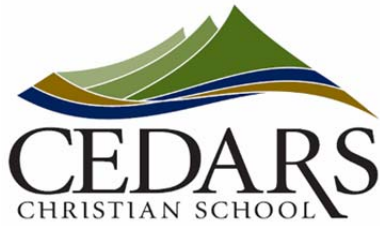
Phone: 250.564.0707
Fax: 250.564.0729

WRITE US

Email: office@cedars.bc.ca
Website: www.cedars.bc.ca

VISIT US

Address: 701 N. Nechako Rd.,
Prince George, BC V2K 1A2



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Walking Trip Permission Slip

I _____ give permission for Cedars After School
(Parent or Guardians name)

Care to take _____ for a group walk at any time.
(Name of child)

Signed: _____
(Parent or Guardians Signature)

Date: _____

CALL US

Phone: 250.564.0707
Fax: 250.564.0729

WRITE US

Email: office@cedars.bc.ca
Website: www.cedars.bc.ca

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Prince George, BC V2K 1A2