

École Voyageur

Before and After School Care 2019-2020

Student Identification	
First name:	Last name:
Date of birth (dd/mm/yy):	
Grade:	<input type="checkbox"/> PreK. <input type="checkbox"/> Kind. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Student lives with :	<input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian

Cost

Full time
220\$ (mornings+evenings including PD days)

Part time
130\$ (mornings **OR** evenings including PD days)

Casual
5\$ (morning or evening and as to be booked 2 weeks before)
*does not exceed 10 times monthly

Drop-in
8\$ (morning or evening without notice)
*does not exceed 5 times monthly

PD day
25\$ (except full time and part time)



Hours of operation

Morning
6:30am to 8:30am

Afternoon
3:20pm to 6pm

No School Days
6:30am to 6pm

Medical information	
Allergies, special conditions:	
Medicine:	
Emergency contact:	Phone:
Address:	

Parent's information (<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian)				
First name:		Last name:		
Address:				
Phone	Home	Cell phone	Work	Extension
Email address:				

Parent's information (<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian) if different of previous	
First name:	Last name:

Address:				
Phone	Home	Cell phone	Work	Extension
Email address:				

Other person authorized for pick up				
First name:		Last name:		
Address:				
Phone	Home	Cell phone	Work	Extension
Relationship with child				

Other person authorized for pick up				
First name:		Last name:		
Address:				
Phone	Home	Cell phone	Work	Extension
Relationship with child				

- I have read and understood the rules and regulations of the service provided.
- I declare all informations are exact and complete.
- I authorize the before and after school care to do activities out of the regular local (gym, outside..)
- I authorize the before and after school staff to take necessary measures if my child is in need of

Parent's signature



Date