



BROCKTON™

PREPARATORY SCHOOL

Head of School – Cathy Grunlund

After School Care Program

Brockton offers a licenced after school care program to students under the age of 13. When school is in session, the program provides supervised care with an after-school snack, outside play from the end of the school day until 6:00 p.m. Children in the after school care program attending an after-school co-curricular activity join the program following their co-curricular activity. Families using the after school care program are asked to commit to a fixed number of days each week; the program is not normally offered on a drop-in basis, though we will do our best to accommodate requests for the occasional day of after school care with advance notice.

On staff professional development days and during the Winter and Spring holiday periods, the program provides supervised care and a variety of indoor and outdoor activities (plus some extra-special holiday activities!) from 8:30 a.m. to 4:30 p.m. Healthy snacks are provided, but lunch is not and should be brought from home.

Fees for the after school care program are billed in 10 equal installments at the end of each month from September through June. A receipt for income tax purposes is issued at the end of each calendar year. The monthly fee installment is as follows:

For students in K to Grade 6 (from 3 to 6 p.m. daily):

| | |
|---|------------------|
| 5 days/week after school | \$300/month x 10 |
| 1 day/week after school | \$60/month x 10 |
| Occasional day of after-school care (not 'drop-in'; advance notice is required) | \$20/day |

The Full-Day program

Brockton's full-day program (offered on staff professional development days and during holiday periods) is free of charge to the students who attend the after school care program 'fulltime' 5 days per week after school throughout the school year. The daily fee for all other students is as follows:

| | |
|------------------------------------|------------------------------------|
| Single day (8:30 a.m. - 4:30 p.m.) | \$60 (early bird \$45 fee applies) |
|------------------------------------|------------------------------------|

Christmas, Spring and Summer programmes are based on minimum number of participants and the fees and schedules are determined on year to year basis.



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AFTER SCHOOL CARE PROGRAM REGISTRATION FORM

CHILD'S INFORMATION

Surname: _____ Given Name(s): _____

Date of birth (*mm/dd/yyyy*) _____ Male Female

Language spoken at home: _____

Child resides with: Both Parents Father Only Mother Only Guardian

Any specific custody arrangements: _____

FAMILY INFORMATION:

Father: Full Name: _____
Mr./Dr. First Middle Last

Address: _____

Home telephone: _____ Cell phone: _____

Employer: _____ Business telephone: _____

Mother: Full Name: _____
Ms./Mrs./Dr. First Middle Last

Address (if different from father): _____

Home telephone: _____ Cell phone: _____

Employer: _____ Business telephone: _____

Legal Guardian with whom student resides:

Full Name: _____ Male Female
Mr./Ms./Mrs./Dr First Middle Last

Address: _____

Home telephone: _____ Cell phone: _____

Employer: _____ Business telephone: _____

Siblings:

Full name: _____ Age: _____ Current school: _____

Full name: _____ Age: _____ Current school: _____

Full name: _____ Age: _____ Current school: _____

PERSONS AUTHORIZED TO PICK UP YOUR CHILD/EMERGENCY CONTACTS:

The following information is required for the safety and well-being of your child. We urge you to keep it current. The following people are authorized to pick up my/our child from school:

| | | |
|-------------|-------------------------|------------------------------|
| _____ | _____ | _____ |
| <i>Name</i> | <i>Telephone number</i> | <i>Relationship to child</i> |
| _____ | _____ | _____ |
| <i>Name</i> | <i>Telephone number</i> | <i>Relationship to child</i> |
| _____ | _____ | _____ |
| <i>Name</i> | <i>Telephone number</i> | <i>Relationship to child</i> |

Out of Province emergency contact person(s). For the school's emergency/disaster preparedness planning (e.g. earthquake preparedness), if possible please provide contact information for a relative or friend who lives outside of BC:

| | | |
|-------------|-------------------------|------------------------------|
| _____ | _____ | _____ |
| <i>Name</i> | <i>Telephone number</i> | <i>Relationship to child</i> |
| _____ | _____ | _____ |
| <i>Name</i> | <i>Telephone number</i> | <i>Relationship to child</i> |

I understand that staff cannot release my child to any persons not listed above and that I must notify staff of any changes in the above list.

Signature of Parent or Guardian: _____ Date: _____

AFTER SCHOOL CARE REQUIRED

After School:

5 days/week

OR: Monday Tuesday Wednesday Thursday Friday

Holidays and Staff Professional Development days:

All (about 25 days over the course of the school year)

Some

A sign-up sheet for the full-day program will be posted at the school a week or two before each holiday period/ProD Day.

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |



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AFTER SCHOOL CARE PROGRAM AGREEMENT

I, _____, parent/guardian of
parent/guardian name

_____, have accurately completed all forms
child's name

required and have read, understood, and agree to abide by the policies and procedures

set out in the Brockton Preparatory School After School Care Program Handbook.

Signature of enrolling parent/guardian as named above

Date

*Signature of Out-of-School Care Program Supervisor
OR Head of School*

Date