

Before & After Care Program

Prairie Central Adventist Academy provides space for The Before & After Program to be operated by Letty and Noel Vedoya. All inquires about the program should be directed to Letty or Noel at 294-1218/891-8592.

Program Times:

Before

Starts Ends
7:30 am 8:30 am

After

Starts Ends
3:30 pm 5:30 pm

Program Fees:

AM and PM \$13.00 daily (Maximum of 2 hrs in PM)
AM only \$5.00 per 1 hour of use
PM only \$5.00 per 1 hour of use

Late Departure Fees:

Please note that it is the responsibility of the parent to contact Letty or Noel Vedoya if they are going to be late to pick up their child. If parents do not contact Noel or Letty Vedoya at least at least 15 minutes prior to the schedule picked up time, a late fee of \$2.00 per 15 minute interval will be charged.

Since PCAA is unable to provide teacher/staff supervision for both before and after school, children will automatically be placed in the Before & After Program (Fees Apply) when they are dropped off before 8:35 am and when they are not picked up by 4:00 pm. (It is the responsibility of parents to contact the school in the event of an emergency).

Days	Before Care	After Care
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
I would like Before & After Care to begin on:		
(Children must be collected by 6:00pm at the latest)		

Registration Agreement

Before & After Child Care Provider: _____ Letty and Noel Vedoya _____

Address: _____

Telephone: _____ 294-1218 _____ Fax: _____

Cell Phone: _____ 891-8592 _____ Email: _____ bvedoya@hotmail.com _____

Enrolment Date: _____ Start Date: _____

Child's Arrival Time: _____ Child's Pick up Time: _____

Mother/Guardian: _____

Home Address: _____

Employer: _____ Work Address: _____

Home Phone: _____ Work/School Phone: _____

Cell Phone: _____ E-Mail: _____

Father/Guardian: _____

Home Address: _____

Employer: _____ Work Address: _____

Home Phone: _____ Work/School Phone: _____

Cell Phone: _____ E-Mail: _____

Emergency Number: (If parent(s) not available

Name: _____ Relationship to Child: _____

Address: _____ Home Phone: _____

Manitoba Health Services Commission Registration number: **Family:** _____ **Individual:** _____

Doctor's Name: _____ Doctor's Contact Phone: _____

Emergency Pick-Up Person: In the event of an emergency, the following individual(s) can be contacted, if I cannot be reached:

Name: _____ **Relationship to Child:** _____

Address: _____

Home Phone: _____ Work/School Phone: _____

Cell Phone: _____ E-Mail: _____

Name: _____ **Relationship to Child:** _____

Address: _____

Home Phone: _____ Work/School Phone: _____

Cell Phone: _____ E-Mail: _____

Name(s) of the child(ren) in care is (are):

Name: _____ M__F__ Date of Birth: _____

Name: _____ M__F__ Date of Birth: _____

Name: _____ M__F__ Date of Birth: _____

Name: _____ M__F__ Date of Birth: _____

Custody Status: Mother _____ Father _____ Both _____ Guardian _____

Information regarding custody status: _____

(Please attach a copy of any custody or restraining order if applicable. All information is kept confidential in the child's file)

Alternate Pick-Up Person:

My child may be released to the following individuals upon notification, in writing, in person or by phone:

1. Name: _____ Address: _____
 Home Phone: _____ Work Phone: _____
 Relationship to child: _____
2. Name: _____ Address: _____
 Home Phone: _____ Work Phone: _____
 Relationship to child: _____
3. Name: _____ Address: _____
 Home Phone: _____ Work Phone: _____
 Relationship to child: _____

Family & Home Information:

Siblings or other children in household:

	Name	Age	Grade	Relationship to Child
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Language(s) spoken at home: _____

Cultural Background, Example: Traditions, practices, beliefs that caregiver should be aware of: _____

Child Information: What activities does your child enjoy? _____

Any behaviors that we should be aware of? _____

What foods does your child like to eat? _____

Does your child have any medical concerns or allergic reactions? _____

Before & After Care will be provided to your family according to the following terms:

The parent/or designate will bring the child(ren) at _____ am/pm and pick the child(ren) up at _____ am/pm.

Care will be provided:

- Mon Tue Wed Thu Fri

The provider will/will not supply:

- Homework _____ Evening Snack _____

The parent(s) will provide: _____

All parent fees are paid in advance/in arrears every _____ week(s).

The fee charged will be at the rate of \$ _____ per _____ effective _____.

A notice period of __2__ weeks will be given if these fees are to change.

Fees will not be charged when the Before & After Program is closed due to illness or vacation.

A late fee will/not be charged at the rate of \$ _____ per _____ or portion thereof for late departures not previously arranged with the provider. This fee is due and payable to Letty or Noel Vedoya

I/we agree to the terms and conditions stated in the Registration Agreement. Any additions or deletions to this Parent agreement for Before & After Child Care will be initialed by the parent(s)/Guardian(s) and the Before & After Child Care Provider.

Date: _____

Signature of Parent/Guardian

Date: _____

Signature of Parent/Guardian

Date: _____

Signature of Before & After Child Care Provider