

## SBC After 3 Registration 2020/21

### Section A – Parents

	First Name	Last Name
Mother/Legal Guardian		
Father/Legal Guardian		

### Section B – Participant

Child's Name: \_\_\_\_\_  
Surname
First Name

Grade: \_\_\_\_\_

### Section C – Enrolment Options and Payment Information

SBC After 3 will start on **Monday, September 14, 2020**, and run for 36 weeks plus 2 days (excluding the Christmas and Easter breaks) up to **Tuesday, June 22, 2021**. SBC After 3 will run from **3:00pm to 5:30pm** daily.

Payments for SBC After 3 will be made primarily via pre-authorized debit/credit. Bi-weekly pre-authorized payments will start on **Friday, September 25, 2020**, with the last payment occurring on **Friday, June 18, 2021**. There is no registration fee.

Select <b>ONE</b> option	Option	Number of Days	Yearly Cost	Bi-Weekly Payments
	1	1 per week	\$884	\$44.20
	2	2 per week	\$1,666	\$83.30
	3	3 per week	\$2,346	\$117.30
	4	4 per week	\$2,924	\$146.20
	5	5 per week	\$3,400	\$170.00

Due to COVID-19 restrictions you will have to 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 on the next page. This will ensure staffing and COVID-19 precautions are met.

**\*Drop ins or As-Needed is not an option for this year\***

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**Check the day(s) your child will be attending:**

Monday	Tuesday	Wednesday	Thursday	Friday

If your child requires care for an unusual but set schedule, please contact Ms. Krystal Holwell at [kholwell@stbons.ca](mailto:kholwell@stbons.ca) to work out the attendance.

**All options are a commitment for the school year. If your child will no longer be attending SBC After 3, you MUST notify Krystal Holwell, in writing, one month in advance.**

**Select Payment Option:**

- bi-weekly (20 payments)
- yearly
  
- preauthorized debit
  - use banking information on file OR
  - A void cheque is attached
  
- preauthorized credit
  - use credit card information on file OR
  - contact me for new credit card information
  
- Cheque (Only if paying in full for yearly cost) – Payable to St. Bonaventure’s College

***\*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** one month 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 ConstantContact 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 due to absences.
- Children enrolled will abide by all regulations concerning discipline and behaviour while participating in SBC After 3.
- All children will be picked up by 5:30p.m. daily.
- I have read and agree to adhere to the Provincial and St. Bonaventure's College COVID-19 protocols

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

# SBC After 3 Registration 2020/21

## St. Bonaventure's College After School Program -- Participant Information Sheet 2020/21

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

CHILD'S NAME:

\_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

2020/21 Grade \_\_\_\_\_ DOB: \_\_\_\_\_ MCP #: \_\_\_\_\_

\_\_\_\_\_

MCP # Expiry: D/M/Y

Mother's/Guardian's Name: \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_

Address:

Address:

\_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Phone (h): \_\_\_\_\_

Phone (h): \_\_\_\_\_

Phone (w): \_\_\_\_\_

Phone (w): \_\_\_\_\_

Phone (c): \_\_\_\_\_

Phone (c): \_\_\_\_\_

Email

Email

**SIBLINGS:** Please list any siblings attending after school program

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

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

Go with sibling

Wait for parent/guardian

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 \_\_\_\_\_, 2020.

\_\_\_\_\_  
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:

\_\_\_\_\_

\_\_\_\_\_