# Registration for After School Programs

Miller Park Community School After School Programs are open to everyone from Kindergarten to Grade 5. Information about these programs will be distributed through Miller Park Community School and other area schools. For other programs please register according to the process outlined in the program description.

## Parents please note the following before you complete your child's registration for an After School Program:

1. When registering your child or children please make certain that you have selected the appropriate age category *(where required)* and time. For example: The 4-Sports is offered Fridays at 3:15 - 4:15 for Kindergarten to Grade 2 and Fridays at 4:20 – 5:20 for Grades 3 to 5.

2. Please bring your completed registration with payment, to the Miller Park office. Cheques are to be made out to Miller Park Community School. Priority will be given to those first registered and paid. You will only be contacted if the program is full or cancelled. Sorry we cannot accept telephone registrations or reservations.

3. **Please Note:** Registration for **Karate** is ongoing and must be done with the Instructor. **Wednesday Karate returns beginning Wednesday May 5**.

4. Each child registered with the Miller Park Child Care Centre on a *regular long term program (3 months or more)* will also be entitled to one complimentary After School Program for each day of registration **(WHERE SPACE IS AVAILABLE)**. This option is only available for children registered with the Centre on *a regular and ongoing basis* and does not include short term or drop in registrants. Karate is excluded from this arrangement.

5. If you must cancel please contact the Community Schools office as soon as possible. **Refunds may not be available after the program begins or a $10 Administration Charge may be applied.**

For more information please contact the Community Schools Office at 604 230-1233 or 604 936-4295 (Message) or email sbrown-john@sd43.bc.ca

## Please Read and Sign on the Bottom of this Page

_____ My child(ren) will be picked up after the program by:

_____
NAME / RELATIONSHIP

_____ My child(ren) has/have permission to walk home:

_____
NAME / RELATIONSHIP

- I/We agree that our child(ren) will follow all reasonable directions and instructions given by the Program Instructor(s) in connection with the operation of any and all Community Schools Programs offered in School District #43. (Please refer to the Behaviour Policy in the After School Program Brochure).

- I/We release and forever discharge School District #43, school staff, Program Instructors and partners of the Community Schools of and from all manner of actions, claims and demands of whatever nature which result from any accidental injury, loss of expense sustained, arising out of or in any way connected with participation in any Community School program, service or event.

- In the event that our child(ren)is/are injured, ill or in need of immediate medical attention and I/we are unable to be contacted, I/we authorize school district staff, Program Instructors and volunteers to seek medical attention on my/our behalf.

- I/We authorize School District #43 to use, at their discretion, any photographs containing our child(ren)'s images taken while participating in Community School programs and events for Community School brochures and promotional materials.

**SIGNED**_____     **DATED**_____

# 2009 SPRING COMMUNITY SCHOOL PROGRAMS

**PARENT/GUARDIAN NAME** _____

ADDRESS _____ POSTAL CODE _____

PHONE   (H)_____ (W)_____ (C) _____

**CHILD #1** _____ AGE_____ GRADE_____

    BIRTHDATE_____ MEDICAL # _____

**CHILD #2** _____ AGE_____ GRADE_____

    BIRTHDATE_____ MEDICAL # _____

**EMERGENCY CONTACT** _____ **PHONE**_____

**MEDICAL CONCERNS – CHILD'S NAME**_____

_____

**ALERGIES, INJURIES, MEDICATIONS OR RESTRICTIONS**

DOCTOR:   _____ PHONE _____

| DAY / TIME | CHILD #1 ACTIVITY | COST | CHILD #2 ACTIVITY | COST |
|---|---|---|---|---|
| **MONDAY 3:15** | | | | |
| **4:20** | | | | |
| **TUESDAY 3:15** | | | | |
| **4:20** | | | | |
| **WEDNESDAY 3:15** | | | | |
| **4:20** | | | | |
| **THURSDAY 3:15** | | | | |
| **4:20** | | | | |
| **FRIDAY 3:15** | | | | |
| **4:20** | | | | |
| | **SUBTOTAL** | **$** _____ | **SUBTOTAL** | **$** _____ |

**My child attends Miller Park Child Care  Y / N**      **TOTAL**   **$** _____

Please Circle One        **CASH**      or    **CHEQUE #** ____    RECEIPT # _____