

# Niakwa Place Before & After School Program

## 2021-2022

**Hours of Operation – the program operates on school days only**  
**(Kindergarten: AM only                      Grades 1-6: Both AM & PM)**

- 7:00 am to 8:30 am
- 3:00 pm to 5:30 pm
- 2:00 pm to 5:30 pm (early dismissal days only)



### Calendar

You are registering your child(ren) for one of the following:

- Full time (morning and afternoon)
- Part time (morning or afternoon)
- **No casual spaces are available**
- We require one month's notice for a child leaving the program

### Cost, per child 2021-2022

- Before school only                      \$ 7.00/day
- After school only                        \$ 7.00/day
- Before & After school                    \$12.00/day

### Payment

- Postdated cheques issued for the 1<sup>st</sup> day of each month for the entire school year are to be included with your registration
- Monthly payment will be cashed on the 1<sup>st</sup> day of each month. If the 1<sup>st</sup> lands on the weekend, cheques will be cashed on the next **school** working day.
- **If your child is absent for any reason (illness, vacation, appointment, etc.) payment is still required**
- If less than 30 days' notice of a child leaving the program, payment for the following month will be charged

*Please make cheques payable to Niakwa Place School. Thank you.*

<b>Month</b>	<b>Number of School Days this Month</b>	<b>Before AND After Care (\$12.00 per day per child)</b>	<b>Before Care ONLY (\$7.00 per day per child)</b>	<b>After Care Only (\$7.00 per day per child)</b>
<b>September</b>	<b>15</b>	<b>180</b>	<b>105</b>	<b>105</b>
<b>October</b>	<b>19</b>	<b>228</b>	<b>133</b>	<b>133</b>
<b>November</b>	<b>20</b>	<b>240</b>	<b>140</b>	<b>140</b>
<b>December</b>	<b>16</b>	<b>192</b>	<b>112</b>	<b>112</b>
<b>January</b>	<b>18</b>	<b>216</b>	<b>126</b>	<b>126</b>
<b>February</b>	<b>17</b>	<b>204</b>	<b>119</b>	<b>119</b>
<b>March</b>	<b>18</b>	<b>216</b>	<b>126</b>	<b>126</b>
<b>April</b>	<b>18</b>	<b>216</b>	<b>126</b>	<b>126</b>
<b>May</b>	<b>20</b>	<b>240</b>	<b>140</b>	<b>140</b>
<b>June</b>	<b>21</b>	<b>252</b>	<b>147</b>	<b>147</b>

## Attendance

Children are to be signed in/out each morning and afternoon by an authorized adult. Children will not be allowed to leave without being signed out by an authorized adult.

**IMPORTANT:** If your child(ren) will not be attending the program for any reason, you must call and report the absence. Please call Niakwa Place School at 204-257-0640

## Snacks

Please provide a healthy, nut-free snack for your child.

## Tax Receipts

Tax receipts will be downloaded to Tyler in the Student Portfolio twice per school year.

- In February (for September through December)
- In June (for January through June)

## New Registration for the following school year

- Children attending the Before & After program will be given priority for the following school year. Registration forms **must be completed** and submitted with post-dated cheques dated the 1<sup>st</sup> day of each month from September to June.
- **Priority will be given to families requiring full-time care.**



Thank you.

Niakwa Place Before & After School Program



# Application 2021-2022

# Niakwa Place School Before and After Program

Direct Line 204-594-3550  
(24 hour answering machine)

## Information Record

Child's legal name: \_\_\_\_\_  
 Male       Female  
Date of birth (month/day/year): \_\_\_\_\_  
Languages spoken: \_\_\_\_\_  
Languages understood: \_\_\_\_\_

Grade: \_\_\_\_\_  
Family health number: \_\_\_\_\_  
Child's personal health number: \_\_\_\_\_  
Doctor's name: \_\_\_\_\_  
Doctor's phone number: \_\_\_\_\_

## Parent/Guardian

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Parent Email: \_\_\_\_\_  
Workplace: \_\_\_\_\_  
Workplace phone number: \_\_\_\_\_  
Has legal custody of child:     Yes       No

## Parent/Guardian

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Parent Email: \_\_\_\_\_  
Workplace: \_\_\_\_\_  
Workplace phone number : \_\_\_\_\_  
Has legal custody of child:     Yes       No

## Living and Custody Arrangements

Child lives with:     Mother     Father     Both     Other (describe:)

If applicable, are there any separation agreements, court orders or other documents setting out custody arrangements for the child?       Yes       No

Have copies been provided to Niakwa Place School?       Yes     No     Will be provide     Will not be provided

Are you aware that the childcare facility cannot ask the police to enforce custody arrangements if documents are not provided?       Yes       No

If applicable, are there any informal custody arrangements? Please describe: \_\_\_\_\_  
\_\_\_\_\_

## Emergency Contacts

Designate 2 adults that we can contact and release your child to in case of illness or an emergency if you are not available.

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Home Email: \_\_\_\_\_  
Workplace: \_\_\_\_\_  
Workplace phone number: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Home Email: \_\_\_\_\_  
Workplace: \_\_\_\_\_  
Workplace phone number: \_\_\_\_\_

List up to 2 other people (12 years of age or older) who have permission to pick up your child from the childcare facility.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe any physical, developmental, emotional, or medical conditions relevant to the care of your child. Please be specific and give suggestions about how we can best accommodate these needs. (If necessary, attach separate page).

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Does your child have allergies to food, animals, medication etc?  Yes  No Describe: \_\_\_\_\_

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If so, are the allergies life-threatening (anaphylaxis)?  Yes  No Describe: \_\_\_\_\_

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Does your child require an Epi-Pen?  Yes  No

Does your child require an inhaler?  Yes  No

### Written Permission

I give permission for the childcare staff to discuss relevant information about my child's day with the appropriate Niakwa Place School Staff.  Yes  No

I give permission for the childcare staff to take reasonable medical measures deemed necessary for the protection of my child while in care of the childcare facility.  Yes  No

I give permission for my child to receive medical attention deemed necessary by my child's doctor or other medical personnel. I understand that childcare staff will make every attempt to contact me.  Yes  No

Parent/Guardian Name: \_\_\_\_\_  
(Please print)

Parent/Guardian Name: \_\_\_\_\_  
(Please print)

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

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

### Daycare Requested

Before School (7am to 8:30am) Grade: **K-6**

After School (3:00pm to 5:30pm) Grade: **1-6 only**

### Office Use Only

Registration Received (date): \_\_\_\_\_ Payments Received:  No  Yes, date received \_\_\_\_\_

Principal Approval: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_

Date of Withdrawal: \_\_\_\_\_