

2007 SUMMER CARE - CHILD CARE CENTRE

(Optional Service; complete one form per child)

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1. FAMILY INFORMATION

CHILD'S NAME _____ Grade _____

_____ Last _____ Given _____ Middle _____
Address _____ Child's Date of Birth _____

_____ Street _____ Apt. No. _____ Day/ Month/ Year _____

_____ City _____ Postal Code _____

Mother's/Legal Guardian's Name _____ Father's/Legal Guardian's Name _____

Ph (Home) _____ (Office) _____ Ph (Home) _____ (Office) _____

_____ (Cell) _____ (Cell) _____

2. EMERGENCY INFORMATION (Emergency Contact If Parents/Legal Guardian Are Not Available)

Doctor's Name _____ Ph _____ Alberta Health Care No. _____

Allergies _____

Does your child take any meds at home on a regular basis? (e.g. Tylenol, antihistamines) If yes, please explain: _____

Alternate Emergency Contact:

Name _____ Relationship _____ Ph _____

3. DATES THAT WERE REQUESTED

Dates - Theme	Monday	Tuesday	Wednesday	Thursday	Friday
June 27-29 – Friendship					
July 2 - 6 – Community					
July 9-13 – Ocean					
July 16-20 – Desert					
July 23-27 - Sports					
July 30- August 3 – Alberta					
August 6-10 - Egypt					
August 13-17 - Australia					
August 20-24 – Theatre					

TOTAL COST FOR JULY: \$ _____ AUGUST: \$ _____

DEPOSIT FOR JULY IS REQUIRED BY MARCH 1, 2007 – TO BE CASHED IMMEDIATELY TO GUARANTEE YOUR CHILD'S POSITION.

TERMS AND CONDITIONS

1. It is hereby understood that the students and parents / legal guardians must abide by the Child Care policies and rules and regulations of the School, as modified from time to time.
2. It is understood and agreed that I / we undertake, jointly and severally, to be responsible for all financial obligations as set out in the schedule of fees for Summer Care.
3. It is understood that parents are responsible for providing nutritious snacks and lunches for their children.
4. It is understood that parents are responsible for transportation to and from the Summer Care.
5. It is understood that parents that do not provide a signed Field Trip form for their child(ren) will not be able to participate and it is the responsibility of the parent to provide alternate care for that day.

Non-Refundable Deposits/Refunds

Each family has two choices by which to pay its fees: payments in full or by 2 installments. In all cases, payments will include a **non-refundable deposit of one month's fee (depending of the type of care).**

***NON-REFUNDABLE DEPOSIT DUE MARCH 1, 2007**

Overdue Accounts

Amounts owing for more than 30 days will be subject to an interest charge of 1.5% per month (18% per year). N.S.F. cheques will incur an administration fee of **\$20** per cheque. The School reserves the right to exclude any student permanently or temporarily from the Before /After School Child Care program, for nonpayment of fees.

JULY FEES		5 days / week	4 days / week	3 days / week	2 days / week	Daily Rate
Full Day Child Care per month	7:00 am to 5:30 pm	\$ 640	\$ 535	\$ 430	\$ 300	\$ 50
Weekly Rate	Monday-Friday	\$ 170 per child				
Occasional Use		\$10 per child per hour or portion thereof				

AUGUST FEES		5 days / week	4 days / week	3 days / week	2 days / week	Daily Rate
Full Day Child Care per month	7:00 am to 5:30 pm	\$ 540	\$ 435	\$ 330	\$ 200	\$ 50
Weekly Rate	Monday-Friday	\$ 170 per child				
Occasional Use		\$10 per child per hour or portion thereof				

The Child Care Centre operates **7:00a.m. – 5:30p.m. Monday to Friday** (excluding statutory holidays.)

I have read and understand the Terms and Conditions for this service and agree to be bound by them.

Date _____

Signature _____

Please have your immunization records and birth certificate included with your registration if you do not already have one on file.