



Saint Anthony of Padua School

1370 West 73rd Avenue, Vancouver, British Columbia, Canada V6P 3E8
Tel: 604-261-4043 Fax: 604-261-4036 Website: www.stanthonyofpaduaschool.ca

Dear Parents,

Re: After School Club (ASC) Registration

The St. Anthony of Padua After School Club (ASC) will operate Monday to Friday, from 3:00pm to 5:30pm in the Grade Two classroom. The ASC will not be in operation on early dismissal days, professional days or holidays.

The fee for the program is \$15 per day.

Students enrolled in the ASC will be dismissed from their classroom at 2:45pm and go out onto the playground. They will be supervised there along with all other children awaiting pick up. At 3:00pm, ASC participants will proceed to the back door of the school nearest to the Grade Two classroom. There, they will line up and wait for the supervisor of the Club for that day to greet them and follow them into the school.

Students in the ASC will participate in a variety of activities. Typically, the session will start with a brief prayer and opportunity for a snack. Following that, weather permitting, students will do an outdoor activity that allows them to relax in a structured, safe environment. The primary purpose of the Club is to give your child a chance to be safe and happy before returning home for the day.

If you pick up your child late, you will be fined. You will be charged \$10 for the first ten minutes, or portion thereof, plus \$1 per minute thereafter, per child. This amount must be paid to the program within five days. If you are late more than three times, your registration may be rescinded. Please do not wait for the school to contact you regarding payments of the late fee.

In order to be considered registered, a completed package must be submitted to the director of the club. This includes: the registration form (including release and emergency contacts), the attached health/anaphylaxis information form, and a cheque for the first month of registration. Subsequent month fees are due when the envelope is issued.

All registration papers need to be returned to the school as soon as possible.

Sincerely,

Mrs. Fionnuala O'Leary
Vice Principal
St. Anthony of Padua School

PARENT AGREEMENT

FOR THE ST. ANTHONY OF PADUA SCHOOL AFTER SCHOOL CLUB (ASC)

CHILD PICK UP POLICY

Your child(ren) will only be released to those listed on the attached application. Staff will under no circumstances release your child(ren) to anyone else. If someone other than the pick-up person listed arrives to pick up your child, we will contact you for proper permission. If we are unable to contact you, we will not release your child. It is, therefore, very important you list ALL persons that are authorized to pick up your child(ren). **Unexpected alternative pickups** must be pre-arranged by the parents with the ASC.

Custody and Court related orders:

If a custody or court order exists, a copy of the order will need to be on and remain on the child's file. The parent/guardian is responsible for providing accurate and up to date information concerning legal guardianship of the child(ren). If this information changes at any time, it is imperative that the staff member/school be notified immediately. Without a custody or court order on file, the staff member cannot deny access to the non-enrolling parent. If the non-enrolling parent is not on the authorized pick up list, the policy of unauthorized persons will be implemented. The guardian is responsible to provide all consents.

LATE PICK UP POLICY

The After School club closes promptly at 5:30pm. Please plan to arrive a few minutes early. This allows yourselves and your child(ren) time to gather belongings. Staff members will do their part to ensure that child(ren) are ready to go on time.

If you pick up your child late, you will be fined. You will be charged \$10 for the first ten minutes or portion thereof, plus \$1 per minute thereafter, per child. This amount must be paid to the program within five days.

SNACKS

St Anthony of Padua After School Club does NOT provide snacks. Send an extra snack for after school with your child. We encourage parents to send healthy snacks. Please NO NUTS or NUT PRODUCTS due to allergies. The After School Club is a NUT-FREE environment.

PAYMENT POLICY

Payment is due by the time the envelopes are issued. Refunds will not be made for illness, holidays, snow days, etc. as payment holds the child(ren)'s spot. There is no carry over to another day in the current month or following month.

DROP IN POLICY

Payment is required on the day of the drop-in.

Please note that since this is a club and not a licensed care facility, we cannot issue tax receipts.

DISCIPLINE POLICY

The After School Club (ASC) is a service to our community. It is also an opportunity for our students to maintain continuity in their out-of-home care, therefore, disrespectful, dangerous, disruptive, or uncooperative behaviour on the part of the students, parents and/or staff will not be tolerated. Parents are expected to support the activity club discipline policy. It mirrors that of St. Anthony of Padua School. Adherence to these policies will always remain a condition of acceptance into the ASC.

In most cases, isolated and irregularly occurring incidents can be resolved simply and quickly. If a problem persists, however, further steps will be taken. At the staff member's discretion and in consultation with the school principal, the following steps, supported by documentation will apply:

1. The staff member will have a discussion with the child(ren) involved and appropriate consequences will occur, based on discussion with the child(ren). Consequences may include but are not limited to supervised time outs and loss of use of equipment and/or materials.
2. Parents will be informed at the end of the day of any problems arising during the child's time at the ASC.
3. Should problems persist, the staff member will arrange a meeting with the parents, principal and the student to discuss the problem and resolve the issue.
4. At this meeting, a written formal Action Plan with expected behavior and consequences will be created and signed. It will be made clear that continued unacceptable behavior could result in the student no longer being permitted to attend the ASC.

I have read and agree to the above procedure and policies.

Parent Signature

Print Parent Name

Date

ST. ANTHONY OF PADUA AFTER SCHOOL CLUB REGISTRATION FORM

CHILD(REN)'S NAME	GRADE	CARE CARD NUMBER	ALLERGIES/MEDICAL ALERTS

FAMILY NAME (surname): _____

MOTHER'S NAME: _____ FATHER'S NAME: _____

MOTHER'S WORK PHONE#: _____ FATHER'S WORK PHONE # _____

MOTHER'S CELL #: _____ FATHER'S CELL #: _____

PICK-UP/RELEASE INFORMATION

Please list ALL the names of persons who will have permission to pick up your child (ren) from SAPS After School Club (including parents) and their relationship to your child (ren). Only those listed below will be allowed to take your child (ren) from the program. Written notice from the parent/guardian is required of any changes.

Names of persons authorized to pick up child(ren)	Relationship to child(ren)	Phone number(s)

Emergency Contact

Name	Relationship to child(ren)	Phone number(s)

ST. ANTHONY OF PADUA SCHOOL AFTER SCHOOL CLUB MEDICAL INFORMATION

IS YOUR CHILD UNDER MEDICAL CARE OR TAKING ANY MEDICATION(S)? YES NO

If yes, please check all of the following conditions that your child has and ensure medication is in your child's school bag.

- | | | | |
|---|-------------|--|---------------------|
| <input type="radio"/> Bee sting allergy | Epi-pen | <input type="radio"/> YES <input type="radio"/> NO | |
| <input type="radio"/> Food allergy | Epi-pen | <input type="radio"/> YES <input type="radio"/> NO | |
| | Or Benadryl | <input type="radio"/> YES <input type="radio"/> NO | List food(s): _____ |
| <input type="radio"/> Asthma | Inhaler | <input type="radio"/> YES <input type="radio"/> NO | |
| <input type="radio"/> Vision | Glasses | <input type="radio"/> YES <input type="radio"/> NO | |
| <input type="radio"/> Hearing | Aids | <input type="radio"/> YES <input type="radio"/> NO | |

DOES YOUR CHILD HAVE ANY KNOWN ALLERGIES? IF SO, WHAT ARE THEY?

Family Physician's Name _____ Phone # _____

Parent or Guardian Signature _____ Date: ____/____/____