



2018-2019

**Mother Teresa BEFORE/AFTER SCHOOL PROGRAM REGISTRATION**

NAME OF CHILD	ALLERGIES	BIRTHDAY	PERSONAL HEALTH #	ARE IMMUNIZATIONS UP UP TO DATE?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Child's address:**

\_\_\_\_\_  
\_\_\_\_\_

Does your child use any regular medication? Please list \_\_\_\_\_  
Does your child require any prescription medicine that would be needed in an emergency situation  
(additional consent form-medication required) while he/she is attending the program? (Inhaler, epi-pen,  
insulin, etc.?)

\_\_\_\_\_

Does your child have any special needs such as medical, physical, developmental or emotional  
conditions that would be relevant to their care?

Physician's Name \_\_\_\_\_ Ph. \_\_\_\_\_

**PARENTS OR GUARDIANS:**

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Home) \_\_\_\_\_  
(Cell) \_\_\_\_\_ (Cell) \_\_\_\_\_  
(Work) \_\_\_\_\_ (Work) \_\_\_\_\_

In the event that the Parent/Guardian cannot be contacted in the case of an emergency, please list a  
contact person, ie: grandparents, uncle, aunt, friend or neighbor.

Name \_\_\_\_\_ Ph# \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

**Licensing requires that parents are responsible for keeping child records (i.e. emergency contact,  
medical, legal custody, phone & address changes) up to date with B/A School Program Coordinator**

CHILDREN WILL **NOT** BE RELEASED TO ANY INDIVIDUAL WHO IS NOT LISTED ON THIS FORM.

Name all persons your child/children may be released to.

\_\_\_\_\_

Program Fee (\$30.00 per Family each year) plus the required session each child is registered for.

**Mother Teresa School will be paperless for payment and invoices as of September 2018. Please  
supply us with your email address to receive invoices by email and sign up for School Cash Online to  
make monthly payments.**

Email \_\_\_\_\_



**Mother Teresa School BEFORE/AFTER SCHOOL PROGRAM PARENT CONTRACT**

1. Mother Teresa Before/After School Program agrees that \_\_\_\_\_ may attend the program. (Name of Child or Children)

In the event that a child/children have not been picked up by 5:30pm, the supervisor will make every effort to contact the parent(s) or other designated adults, before calling the Child and Family Services Authority. **There will be a \$20.00 penalty per day each time you are late picking up your child/children.** The parents or Guardians hereby certify and agree that the child is in their lawful custody and that there are no other persons whose consent is required for the enrolment of the child in this program.

2. Annual program fee of \$30.00 per family upon admission into the program is required. (non-refundable)

3. The parents agree to pay according to the attached fee schedule. Please note fees are subject to change.

5. Service will be cancelled for those who fail to pay. Service charge of Twenty dollars (\$20.00) will apply to be reinstated into the program. If the account is not cleared in seven days, the child/children will be withdrawn from the program.

6. Corrective discipline will be administered to all at the discretion of the responsible supervisor. In no case shall a child be abused or allowed to abuse others. Children who seriously misbehave will be discharged from the program. As per day care regulation Corporal Punishment is prohibited.

7. In the event of a serious medical emergency, the supervisor will call 911 and then contact the parents or guardians. If a child is ill, the parent(s) or guardian(s) will be contacted and must pick up the child immediately.

8. Before/After School Program reserves the right to engage emergency medical assistance for any child left in its care, when such assistance is deemed to be necessary. The expense of the required assistance to be borne solely by the parents or guardians of the child. I give the Before/After Program staff permission to provide health care (such as a cold cloth to break a fever, or bring down swelling) any health care that is in the nature of first aid to my child/children.

9. The program will take place in a designated area of Mother Teresa School. Children will play outdoors whenever the weather permits. Please ensure that your child always has appropriate clothing for the season and/or weather. (gloves, hats, jacket, boots, snow pants, etc.)

10. The program will not operate on school holidays, which include Christmas break, Easter break, and Professional Development days, including teacher's convention, regularly scheduled PD days, and any others that may arise.

11. **Children will be released only to authorized persons as stated by the parents or guardians on the registration form. Children WILL NOT be released to anyone not on the list.**

12. If any child is a threat to the safety and well-being of another student or the program, action will be taken immediately.

13. Only emergency medication (consent form required) will be administered as/if needed at the program.

14. Smoking is not permitted on or off the premises.

15. All hazardous products are inaccessible to the children.

16. The office is not used as a playroom.

17. The parents/guardians are responsible for sending a snack if it's required. The Southeast Alberta Child Services recommends servings from the two food groups, in accordance with Canada's food guide.

18. It is advised that parents/guardians use their discretion in the belongings their children bring to the program. The program will not be held responsible for any loss or damage which may be incurred to their possessions.

19. Parent/Guardian are required to provide two (2) weeks written notice of terminating their use of the program. As well the Parent/Guardian agrees to provide two (2) weeks written notice of any changes required child's session attendance.

19. I have seen, read and agree with the above outlining my responsibilities to the Mother Teresa Before/After School Program.

We, the undersigned being the parents and/or legal guardians of \_\_\_\_\_ (Name of child or children)

Hereby certify, that we have given careful consideration to the participation by our son/daughter in the Mother Teresa Before/After School Program and understand fully the nature and character of the risk undertaken by our son or daughter and agree to accept on behalf of the same child, all risks and responsibilities for injury or damage beyond the control of the Mother Teresa Before/After School Program.

We further certify, we are hereby releasing Mother Teresa Before/After School Program, School Administration, and the Medicine Hat Catholic Board of Education and their sub-agents from all claims and demands whatsoever, occurring as a result of damage incurred to the child by reason of activities outside of the authority extended by the Mother Teresa Before/After School Program and Mother Teresa School in the conduct of this project. I consent to the Before/After School program sharing information with teachers and staff of Mother Teresa School as needed about my child.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



SESSIONS	TIMES Monday-Friday	COST PER MONTH + Registration fee for 1 <sup>st</sup> Month	SESSIONS REQUIRED
1	7:00 - 8:50 am & 3:20 - 5:30 pm	\$220.00	
2	7:00 - 8:50 am	\$ 70.00	
3	3:20 - 5:30 pm	\$150.00	
4	3:20 - 5:00 pm	\$120.00	
5	3:20 - 4:00 pm	\$ 60.00	

Mother Teresa Before/After School Fee Schedule:

- \*Payments are based on 20 days per month which is averaged over the ten month school year.
- \***All payments must be processed through School Cash Online and invoices will be emailed only.**
- \***Your first month of attendance will have the \$30.00 registration fee attached to the monthly fee.**
- \*An annual \$30.00 registration fee (per family) is required.

**PLEASE SUBMIT YOUR REGISTRATION FORM TO THE OFFICE.  
INCOMPLETE REGISTRATION FORMS WILL NOT BE ACCEPTED**

## How to Register For School Cash Online.

Follow these instructions to create your School Cash Online account today. (\*\*Note: you will need your child's student number, first name, last name and date of birth)

Create Your Profile:

Go to <https://mhcbe.schoolcashionline.com/>  
and click on "Get Started Today".

Confirm Your Email:

Check your inbox for the email confirmation and click on the link inside. Sign in with your new login details.

Add a Student

Click "Add Student" and fill in the required fields with your child's details.

## Need Help Registering?

Contact Parent Help Desk

1.866.961.1803

[parenthelp@schoolcashionline.com](mailto:parenthelp@schoolcashionline.com)

<https://schoolcashionline.com/Home/Support> or Mrs. Savage at 403-529-2000 ext 1201.