



Suzuki
After School Care

10720 – 54 STREET
EDMONTON, AB T6A 2H9
780-468-2524
WWW.SUZUKISCHOOL.CA



Registration Procedures

Your child must have ASC registration information filled out completely and all post-dated cheques submitted before he/she can be admitted into the program.

Registration Day: Registration for the 2018/2019 school year will start on Monday, May 28th, 2018 at 7:30 am.

Enrolment Requirements:

- Registration forms are available on the Suzuki Charter School website – Parents – After School Care - Registration Form.
- Our program has limited spaces so students will be registered on a first-come, first-serve basis.
- Only Full Time registrants will be accepted (NO part time) for the 2018/2019 school year.
- **Registrations with incomplete forms or registrations not containing all 10 postdated cheques WILL NOT BE PROCESSED.**
- **Any change to your registration status must come with 30 days written notice to the ASC Director.**

Program:

- **Time:** After School Care will start at 3:15 p.m. and go to 5:30 p.m. Monday through Friday except on school holidays.
- **Snack:** A daily, light, healthy snack is provided. Your child is free to bring extra if he/she needs more.

Fees:

- **Fees: \$220.00 per student per month**
- **Full-time registrations: 3:15 – 5:30 pm daily**
- **Overtime:** - Parents will be charged \$1.00 per minute per child for every minute past 5:30 p.m. Our supervisors expect parents to be on time as they have other commitments and; parents will be asked to seek alternative care after 5 infractions. ***If you cannot commit to this timeframe, you are expected to seek alternative child care that will better meet your needs.***

Student Sign In/Out

- Every child attending After School Care must be registered – NO DROP IN available.
- **Music Lessons:** Parents, you must arrange to sign out your child from ASC and attend his/her lesson. Students will not be released to music teachers.
- **Playdates:** Written permission needs to be completed allowing your child to go with other adults for playdates.



Please note: all information requested must be filled in completely as required by the Child Care Licensing Act, Children and Youth Services, Alberta. Incomplete applications will not be accepted.

Student Information:

Student Name: _____

Date of Birth M/D/Y: _____

AHC#: _____

Home Phone: _____

Cell Phone: _____

Address: _____

City _____

Postal Code _____

Parents/Guardians (Parent 1 and Parent 2 are considered Primary Contacts and will be contacted first.)

Parent 1: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Address: _____

Postal Code: _____

E-mail: _____

Parent 2: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Address: _____

Postal Code: _____

E-mail: _____

Parent 3: _____

Home Phone: _____

Cell Phone: _____

Address: _____

E-mail: _____

Parent 4: _____

Home Phone: _____

Cell Phone: _____

Address: _____

E-mail: _____

If the child has more than one residence, please indicate specific dates and times of when they reside at each and/or specific parenting times or days.

Emergency Contacts (An emergency contact is someone we would call if we cannot reach parents.)

Contact 1: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Address: _____

Postal Code: _____
E-mail: _____

Contact 2: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Address: _____

Postal Code: _____
E-mail: _____

Medical Information

My child has an Emergency/Medical Plan that you should be aware of.

Allergies: _____

Medical conditions/concerns _____

Immunizations up to date: _____ Yes _____ No _____ No Answer

Physician's Name _____ Phone # _____

I understand and agree to the following emergency/medical procedures in the event my child becomes ill or injured while attending ASC (please initial each line and sign and date below):

- _____ initial • I will need to pick up my child immediately if he/she is suspected of having a communicable disease. He/she will be separated from other children while waiting to be picked up.
- _____ initial • I understand that I will be contacted if my child has a serious accident. I agree that I will keep my contact information up to date and further understand and agree that ASC staff will give basic first aid if necessary.
- _____ initial • If my child requires transportation in an emergency vehicle I understand and agree that I will incur the cost.
- _____ initial • In the event that I can not be reached, an ASC staff member will make the medical decision for my child.
- _____ initial • I understand that medication can only be given to my child with parental written consent, and if the medication is in the original labeled container with clear directions. I agree to provide both in the event that my child needs medication.

Parent Signature _____ Date _____

Authorized Adults For Pick-Up

When picking up your child, you must check with an ASC supervisor and sign the child out. The adults listed below are authorized to do the same.

Name	Phone	Name	Phone

For more information refer to School Website www.suzukischool.ca under After School Care Handbook.