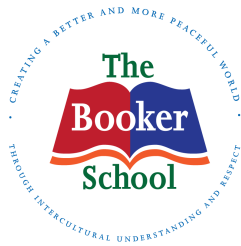


THE BOOKER SCHOOL AFTER-SCHOOL PROGRAM 2018-19

The Booker School is a co-ed, non-profit, non-denominational school committed to becoming a Community Learning Centre. We hope to share our facility, staff and resources to enhance the lives of those in our community. Our After-School Program is an integral part of that mission.

STUDENT INFORMATION			
First Name:		Last Name:	
Age:		Date of Birth:	
Name of School:		Grade:	
Health Card Number:			Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Family Doctor:		Doctor Telephone:	
Allergy/Food Restrictions:			
Primary Languages:			
PARENT INFORMATION 1)			
1) Parent/Guardian Name:		Email:	
Parent/Guardian Telephone Daytime:		Parent/Guardian Telephone Cell:	
Mailing Address:			
PARENT INFORMATION 2)			
2) Parent/Guardian Name:		Email:	
Parent/Guardian Telephone Daytime:		Parent/Guardian Telephone Cell:	



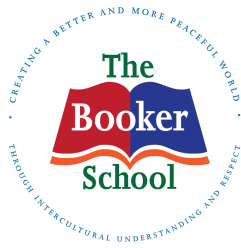
Mailing Address:	
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THE BOOKER SCHOOL AFTER-SCHOOL PROGRAM 2018-19

EMERGENCY CONTACT INFORMATION			
Emergency Contact Name:		Relationship:	Telephone:

PEOPLE AUTHORIZED TO PICK UP YOUR CHILD/CHILDREN (Please inform ASP staff of any changes)			
Name:		Telephone Number:	
Name:		Telephone Number:	
Name:		Telephone Number:	

Additional Student Information (e.g. preferred activities, learning differences):



THE BOOKER SCHOOL PROGRAM FEES (2018-19)

The program fee is \$15/day for the 2017-18 academic year. We offer after-school care on early dismissal days from 11.30am for an additional \$10/day provided there is enough interest.

Quarterly post-dated cheques are preferred. Monthly post-dated cheques are acceptable; however, they are subject to a \$50 banking charge, to be added to the first cheque. Refunds are not available for absenteeism.

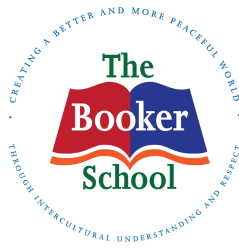
- I am attaching quarterly cheques dated September 12th (Sept-Dec), January 1st (Jan-March) and April 1st (April-June)
- I am attaching monthly cheques, and have added the \$50 banking charge to the first cheque

Child Name			
Full-time (2:45--5:15)	M-F <input type="checkbox"/>	Part-Time 2:45--5:15)	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/>
I require care on PWES Early Dismissal Days for an additional charge of \$10/day	<input type="checkbox"/> YES		<input type="checkbox"/> NO

THE BOOKER SCHOOL CALENDAR (2018-19)

The Booker School follows a calendar that is independent of the Public School System. We have two weeks of vacation time at Christmas and in March. We also have five PD days, which do not align with the public system. These always fall on a Friday. The Booker takes an independent decision regarding Snow Days and notifies parents by email by 7am on the day in question.

Signature: _____ Date: _____



THE BOOKER SCHOOL AFTER-SCHOOL PROGRAM RELEASE & CONSENT (2018-19)

Please complete and return with the Application Form. Your child will NOT be allowed to participate in the program without completion of this waiver.

Participant Release and Knowledge of Agreement

I, _____, wish for my child, _____, to participate in the Booker School After-School Program at the Booker School in the Village of Port Williams. I understand that there are inherent risks in having my child participate in this program. I understand and agree that my child is expected to follow all safety precautions and to use appropriate protective equipment as outlined by the program/service provider and/or instructor. I understand and agree that it is my responsibility to inform the program and coordinator of any conditions or changes in health, current and ongoing, which might affect my child's ability to participate with minimal risk of injury. I agree that The Booker School shall not be liable or responsible for any injuries to my child resulting from his/her participation in this program and I expressly release and discharge The Booker School and its employees, agents, and/or assigns from all claims, actions, judgements and the like which I or my heirs, executors, administrators or assigns may have or claim arising from participation in these programs, except for injury caused by the gross negligence or intentional act of such person or persons. This release shall be binding upon my heirs, executors, administrators and assigns.

Child's Name: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____

Videography/Photography Consent:

We may, on occasion, take photos or video to document the After-School Program, which could then be used in our promotional and/or educational materials. Permission is granted for the Booker School to use still photographs or video footage for this participant for these purposes only:

Yes: No:

Child's Name: _____

Parent/Guardian Signature: _____ Date: _____

The Booker School

1341 Belcher St., Port Williams, NS, B0P 1T0

admin@bookerschool.com | +1 (902) 585-5000 | www.bookerschool.com