



Yellowknife Catholic Schools

Box 1830, Yellowknife, NT X1A 2P4 • Phone (867) 766-7400 • Fax (867) 766-7401 • www.ycs.nt.ca

JUNIOR KINDERGARTEN AFTER SCHOOL PROGRAM REGISTRATION FORM 2018-2019 ÉCOLE ST. JOSEPH SCHOOL

The Junior Kindergarten (JK) after school program at Yellowknife Catholic Schools is a fee-for-service program for children registered in the JK program at École St. Joseph School. The cost is \$250.00 per child per month. Program is conveniently located at the school so your child or children do not have to leave school at dismissal. Staff provide a wide variety of exciting indoor and outdoor activities to keep children engaged and entertained.

The program runs from dismissal to 5:30 p.m. The program is available during all days that École St. Joseph School is open to students and is closed on holidays, professional development days and STIP days.

The program is supervised by adult leaders who are trained in First Aid and CPR, providing a safe environment to all.

STUDENT INFORMATION

Student's legal last name Student's first name Student's middle name

Student's preferred name (if different than legal name) _____

PARENTAL/LEGAL GUARDIAN INFORMATION

Mother's name Father's name Guardian's name

Home telephone no. _____ Work telephone no. _____

Cell phone no. _____
(Mother) (Father)

Email address _____

EMERGENCY CONTACTS (include anyone you authorize to pick up your child who is over 18 years of age)

Name Phone no.

Name Phone no.

I hereby declare that I am the (please circle one) parent or legal guardian referred to on this registration form and that I certify that I wish to have my child(ren) take part in the after school program in addition to their registration in the Junior Kindergarten program with Yellowknife Catholic Schools.

Signature: _____ Date: _____

THIS PAGE IS TO BE KEPT ON FILE AT THE SCHOOL



**JUNIOR KINDERGARTEN AFTER SCHOOL PROGRAM
REGISTRATION FORM 2018-2019
ÉCOLE ST. JOSEPH SCHOOL**

AUTHORIZATION FOR PAYMENT OF FEES 2018-2019

Name of Child: _____

Name of Parents/Guardians: _____

Mailing Address: _____

Email Address: _____

For Income Tax Purposes, please indicate which parent/guardian's name is to be on the official receipt:

(Please Print)

Method of Payment: Cheque Credit Card

Amount: **\$250 per month Sept/Oct/Nov/Dec/Jan/Feb/Apr/May/June & \$125 for March.**

Cheque - please attach post-dated cheques dated the first of each month, September 2018 to June 2019 for a total of 10 payments.

Credit Card - please complete the following and we will process your payments on the first banking day of each month, starting September 2018 to June 2019 for a total of 10 payments.

Type of Credit Card: _____ Credit Card Number: _____
(Visa and Mastercard accepted)

Expiry Date: _____ Signature: _____

You are not refunded for days your child is absent. If you choose to withdraw your child we require written notice, 30 days prior.

Please complete and return this form to Yellowknife Catholic Schools Central Services Office, 5124-49 St as soon as possible. It can also be faxed to 867-766-7401, Attn. Barb Broddy or emailed to barb.broddy@yca.nt.ca. Please call Yellowknife Catholic Schools at 766-7400 if there is any change to your registration status or payment information with the program.

THIS PAGE IS TO BE KEPT ON FILE AT YELLOWKNIFE CATHOLIC SCHOOLS CENTRAL SERVICES OFFICE

*Yellowknife Catholic Schools adheres to The Access to Information and Protection of Privacy Act (ATIPP) of the N.W.T.
Please direct questions regarding this form to the office collecting the information or to
the ATIPP Coordinator Ph: (867) 766-7404 Fax: (867) 766-7401*