

2021/22 After-School Care Information & Registration

This form must be completed every year

General After-School Care (ASC)

An After-School Care is a licensed program for students in **Kindergarten through to Grade 3** from 3:30pm to 5:30pm every day that school is in session. A fee of \$22.00/day/child will be charged.

If you are interested in a Junior Kindergarten student attending, please contact the program manager, Mrs. Michelle Ludwig at afterschoolcare@meadowridge.bc.ca, to learn about the requirements.

Fees & Cancellations

The After-School Care programme is offered to facilitate families. While keeping fees as reasonable as possible, any cost that affects the operation of this programme must be borne by the programme for it to be viable. Further to this, we will be instituting a late pick-up fee for any family that does not pick their child(ren) up by 5:30pm. A fee of \$22.00 will be charged, in addition to the regular fees, for any child picked up between 5:31pm and 5:45pm.

Once your child has been registered for after-school care, **we will require 24 hours' notice of cancellation**, should you subsequently not require the services of after-school care.

Daily registration for drop-in care must be registered before 2:00pm on the day required (registration form must already be on file).

If we receive less than 24 hours' notice a \$22.00/day fee will be charged, regardless of whether your child is in attendance or not. This excludes absence due to illness, where the office staff has been informed of the absence during the day.

Registration

There must be a completed registration form on file for every child that attends the After-School Care program. The registration form must be signed by both parents/guardians unless in the case of a single parent.

Contact

Meadowridge School Front Office

604-467-4444

After-School Care Program Manager - Michelle Ludwig

afterschoolcare@meadowridge.bc.ca

MEADOWRIDGE SCHOOL

12224 240th Street, Maple Ridge, BC V4R 1N1 604.467.4444

www.meadowridge.bc.ca

Registration Form For After-School Care

Full Name of Child _____

Preferred Name of Child (if different) _____

Please Mark Days Required Monday Tuesday Wednesday Thursday Friday

Care Required Drop-in Full Time

PERSONAL INFORMATION

Child's Date of Birth _____ Identifies As _____

Starting Date _____

Address _____

Postal Code _____ Telephone _____

MOTHER/GUARDIAN

Name _____

Address (if different from above)

Telephone _____

Email _____

Work Address

Work Telephone _____

Cell Number _____

FATHER/GUARDIAN

Name _____

Address (if different from above)

Telephone _____

Email _____

Work Address

Work Telephone _____

Cell Number _____

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CUSTODY INFORMATION

Custody Agreement yes no

If yes, please supply a copy of the custody order.



PERSON(S) AUTHORIZED TO PICK UP CHILD

Name	Relationship to Child	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSON(S) NOT AUTHORIZED TO PICK UP CHILD

Name	Relationship to Child	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____



EMERGENCY HEALTH INFORMATION

Childs Care Card Number _____

Family Doctor _____ Telephone _____

Address _____

CHILD'S IMMUNIZATION HISTORY

Is your child up to date on immunizations? yes no NOT IMMUNIZED



Signature of Parent or Guardian

Date

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Emergency Consent Card Form

Child's Name _____ Birthdate _____
Surname First Name Year/Month/Day

Address _____ Identifies As _____

PARENT/GUARDIAN #1

PARENT/GUARDIAN #2

Name _____

Name _____

Work Phone/Cell# _____

Work Phone/Cell# _____

Home Telephone _____

Home Telephone _____

Emergency Contact _____

Allergies _____

Medications _____

EMERGENCY HEALTH INFORMATION

Childs Care Card Number _____

Family Doctor _____ Telephone _____

Address _____

It is the policy of Meadowridge School to notify a parent when a child is ill or needs medical attention. In the event we cannot contact you and we need to get immediate help for your child, we require a signed consent to do so.

I, _____ **give consent** for my child to be taken to the nearest emergency medical centre when I cannot be contacted.

I, _____ **give consent** for my child to receive medical treatment.

Signature of Parent or Guardian

Witness

Date

PLEASE PLACE
PICTURE OF CHILD
HERE

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