

Before- and After-School in Manor Park

September 2018 - June 2019



Child's name _____

Gender _____ Date of Birth _____ School _____

Grade _____ Primary Address _____
(in Sept. 2018)

Person(s) to whom child can be released (other than parents) _____

Emergency contact (other than parents) _____

Phone (c) _____ (w) _____



Details of medical conditions or allergies _____

Is your child supported by outside agencies? (CAS, CISS, CHEO, OCTC) No - Yes (specify: _____)

Is your child receiving educational supports in school (IEP, Learning support teacher resources, behaviour consultant) No - Yes

Program	Time	Days of Week	Cost
Before-school	7:15 – 8:30 am on Instructional OCDSB Days	Monday to Friday	<input type="checkbox"/> 5 days per week: \$140 per month
After-school	3:00 – 6:00 pm on instructional OCDSB Days	<i>Please select days:</i> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> 5 days per week: \$290 per month Monday to Friday <input type="checkbox"/> 3 days per week: \$185 per month Days must be consistent each week <input type="checkbox"/> 2 days per week: \$130 per month Days must be consistent each week

	Parent / Guardian	Parent / Guardian
Name		
Address		
Postal Code		
Phone (c & h)		
E-mail		
Employer		
Work Address		
Phone (w)		

Custody arrangements, if any: _____

Consent to Photograph your Child: Photographs may be taken of children while attending Before- and After-School in Manor Park. Photographs may be used on MPCC social media, pedagogical documentation, newsletters and/or for promotional purposes. I DO NOT want images of my child/ward used as indicated.

Consent to receive promotional emails: I DO NOT want to receive promotional emails from the MPCC

I have read the Before- and After-School in Manor Park Parent Handbook which outlines all program policies and I accept the conditions. I consent to receiving emails from this program. By signing below, I authorize the MPCC to collect and use the personal information on this form for the purpose of the management and administration of the program. I authorize the MPCC to disclose such personal information to third parties, as may be required for this purpose, including legal and insurance companies. The MPCC may also be required or permitted to disclose such personal information pursuant to relevant privacy or other laws.

I agree to abide by the rules and regulations, policies and procedure of the MPCC.

Signature of Parent / Guardian _____

Date _____

Before- and After-School in Manor Park is operated by the Manor Park Community Council (MPCC)
 100 Braemar Street, Ottawa, ON K1K 3C9 613.741.4776 mpcc@manorpark.ca manorpark.ca
 (Registration Package, 2018/2019, updated March 2018)

For office use:

Security Card#: _____ Date Paid: _____ Date Returned: _____ \$10 Deposit Returned: _____
 Security Card#: _____ Date Paid: _____ Date Returned: _____ \$10 Deposit Returned: _____

Pre-Authorized Debit Payments: First Withdraw Date: _____ Last Withdraw Date: _____ \$50 Withdraw Fee:
 Sept Oct Nov Dec Jan Feb Mar Apr May June Start _____ End _____