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**KEEP THIS SHEET FOR REFERENCE ~
PLEASE REVIEW THE RULES OF THE PROGRAM WITH YOUR CHILD**

BEFORE & AFTER SCHOOL PROGRAM INFORMATION

The HOURS OF OPERATION of the *Before & After School Program* are:
7:00 – 8:30 a.m. and 3:30 – 5:30 p.m. (2:30 – 5:30 p.m. on early dismissal days).

FEES FOR THE USE OF THIS PROGRAM ARE AS FOLLOWS:

Before School Program (applies between 7:00 am and 8:30 am): **\$5.00 per child**
 After School Program (applies between 3:25 pm and 5:30 pm*): **\$6.00 per child**
 If you use **both** the *Before and the After program* **on the same day**: **\$9 per child**
 Early Dismissal Afternoons - additional charge of **\$3 per child**

Invoice for usage is sent home at the end of each month.
Payment is due by the 15th of the month following use.

* Families who have not picked their child up by 5:30 p.m. will have late fees incurred at the rate of \$10 per child for the first 15 minutes, or any portion of the first 15 minutes. A subsequent fee of \$15 per child will be charged for the next 15 minutes, or any portion of the next 15 minutes. The fees will be calculated using the time indicated on the sign out sheet (as displayed on the Before and After School clock). All additional charges will be added to the monthly invoice, and no receipts will be issued for late fees. Along with the “late fees”, the following steps by the School will be taken:

- **FIRST LATE INFRACTION:**
→ Family receives a written warning that recurrence of this practice will result in suspension of your child using the *After School Program* for 1 month.
- **SECOND LATE INFRACTION:**
→ Family receives written notice their child is suspended from using the *After School Program* for 1 month.
- **THIRD (LATE) INFRACTION:**
→ Family receives written notice their child is suspended from using the *After School Program* for the duration of the school year. (Family is responsible to immediately pay all fees incurred to date.)

At 6:00 p.m. - if your child has not been picked up, the School will contact the “EMERGENCY CONTACT” as indicated on your *Before & After Registration Form*. Subsequently, if there is no one to pick your child up, *Winnipeg Child and Family Services* will be contacted – as, at this point, there is no one to provide care for your child.

Continued on reverse →

Children dropped off at school before 8:30 a.m. (when playground supervision begins) must attend the *Before School Program*. Children not picked up from school by 3:40 p.m. must attend the *After School Program*, as the playground and hallways are not supervised after this time. If an invoice is not paid by the 15th of the month following use, the child/children may not continue to use the program until the invoice is paid.

Children using the program are expected to be respectful and courteous. Repetitive misbehavior will result in a child losing the privilege of using this program. **Parents/guardians have a responsibility to discuss appropriate behaviour with their child BEFORE using the *Before and After School Program*.** Children who misbehave will be warned by the program operator and a call will be made to the Parent and Principal. If the behavior continues, use of the program will be suspended.

St. Gerard School is fortunate to be able to offer this service; and hopes that, with the continuous cooperation of our families, the program will continue to operate for those who require it.

THANK YOU FOR YOUR ATTENTION TO THESE GUIDELINES!



St. Gerard School

BEFORE & AFTER SCHOOL PROGRAM



REGISTRATION 2024/2025

FAMILY NAME: _____

Home Address: _____ **Home Phone:** _____

Email: _____

CHILD'S NAME: _____ **GRADE:** _____

Date of Birth: _____ Manitoba Health PHIN (9-digit): _____

Does this child have any allergies or health issues?

NO YES – Please explain (including any prescription medication – e.g. inhalers, Epi-pens, etc.): _____

CHILD'S NAME: _____ **GRADE:** _____

Date of Birth: _____ Manitoba Health PHIN (9-digit): _____

Does this child have any allergies or health issues?

NO YES – Please explain (including any prescription medication – e.g. inhalers, Epi-pens, etc.): _____

CHILD'S NAME: _____ **GRADE:** _____

Date of Birth: _____ Manitoba Health PHIN (9-digit): _____

Does this child have any allergies or health issues?

NO YES – Please explain (including any prescription medication – e.g. inhalers, Epi-pens, etc.): _____

CHILD'S NAME: _____ **GRADE:** _____

Date of Birth: _____ Manitoba Health PHIN (9-digit): _____

Does this child have any allergies or health issues?

NO YES – Please explain (including any prescription medication – e.g. inhalers, Epi-pens, etc.): _____

IN THE EVENT OF AN EMERGENCY, PLEASE CONTACT (IN ORDER OF CALLING PREFERENCE):

Name	Relationship to child	1 st Phone #	2 nd Phone #	3 rd Phone #

***I ACKNOWLEDGE AND UNDERSTAND THE RULES OF THE BEFORE & AFTER SCHOOL PROGRAM;
AND, I WILL ABIDE BY THE OPERATING TIMES AND COSTS ASSOCIATED WITH THE USE OF THIS
PROGRAM AND AGREE TO FOLLOW THE PAYMENT GUIDELINES AS DESCRIBED.***

Father's Signature

Mother's Signature

Date