

**APPLICATION FOR MORNING PRIMARY STUDENTS  
AFTER-SCHOOL CARE “The Nest”  
2009/2010 SCHOOL YEAR**

Student’s Full Name \_\_\_\_\_

We have four pick-up times for after-school care as shown below. For your convenience, so long as you have signed your child up for at least two days, we can accommodate different pick up times to suit your needs. For example, you may wish to pick up your child at 3:00 on two days and at 4:30 on three days. During the year, on an as-needed basis with advance notice, we can usually accommodate requests for an additional day and/or time for those already enrolled in the program, but no credit will be given for absent days or times. Days enrolled cannot be changed from week to week.

Please check the boxes for the times and days of the week that you require. If you have not yet determined the specific days, please state this in the “notes” section below, however enrollment must be finalized by mid-August at the latest. The after-school program has a limited capacity, thus enrollment is on a first-come, first-serve basis. As a reminder, there is a 2 day minimum for after-school care.

**PLEASE CHECK OFF DAYS OF THE WEEK YOU REQUIRE**

Hours	Number of Days	Total	Monday	Tuesday	Wednesday	Thursday	Friday
<b>11:45-1:00</b>	2 days per week	\$731					
	3 days per week	\$1096					
	4 days per week	\$1461					
	5 days per week	\$1827					
<b>11:45-3:00</b>	2 days per week	\$1865					
	3 days per week	\$2797					
	4 days per week	\$3729					
	5 days per week	\$4662					
<b>11:45-4:30</b>	2 days per week	\$2716					
	3 days per week	\$4073					
	4 days per week	\$5430					
	5 days per week	\$6788					
<b>11:45-5:30</b>	2 days per week	\$3283					
	3 days per week	\$4924					
	4 days per week	\$6564					
	5 days per week	\$8206					

Notes: \_\_\_\_\_

Additional Information:

- **Early Closings:** On days that we have 1:00 closings, other than Conference Days, the after school program also ends at 1:00.
- **Conference Days:** Conference days are treated as normal school days for those Morning Primary children attending the after-school program.
- **No School:** There is no after-school program on any days in which school is closed.
- **Opera Week:** On Friday of Opera Week, there is no school for Morning Primary students. There will be no after-school program on this date for any students.
- **Adjustments to Nest fees** will be made for any students who transition from Morning Primary to Extended Day mid-year.
- **Late Pick-Up Fees:** 1-15 minutes late \$6, 16-30 minutes late \$12, 31-45 minutes late \$18, 45-60 minutes late \$24, etc. Should late pick-up fees apply, you will be invoiced at the end of each month.
- **For questions, please contact Sheryl MacInnis, After-Care Director, at extension #115.**
- A copy of the front of this Application will be returned for your reference.
- Fees will be billed in seven installments, due and payable from August 15, 2009 through February 15, 2010.

Please enroll my child as indicated above in the after-school program for the 2009-10 Academic School Year. **I/we have included herewith a non-refundable \$200 deposit with this Application**, which will be applied against the total cost of the program and deducted from the final installment due on February 15, 2010.

Signature of Father/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

*or*

Signature of Mother/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE COMPLETE THE INFORMATION ON THE REVERSE OF THIS APPLICATION**

## General Information

**Father's Name** \_\_\_\_\_

Address \_\_\_\_\_

Home E-Mail Address \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Other \_\_\_\_\_

Employed by: \_\_\_\_\_

Occupation \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

Address (*if different than father*) \_\_\_\_\_

Home E-Mail Address \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Other \_\_\_\_\_

Employed by: \_\_\_\_\_

Occupation \_\_\_\_\_

Emergency Contact person other than mother/father: \_\_\_\_\_

## Health of Child

General Condition: \_\_\_\_\_

Significant Medical Problems (e.g. birth problems, major illnesses, etc.) \_\_\_\_\_

\_\_\_\_\_

Physical Restrictions \_\_\_\_\_

Allergies \_\_\_\_\_

## Behavior

General Temperament \_\_\_\_\_

Child's Napping Habits \_\_\_\_\_