INDEPENDENT
AFTER-SCHOOL CARE
PARENT & PROGRAM FORMS

For the independent after-school care service located at College Park Elementary School

Program / Service Name	Independent After-School Care at College Park
Location	College Park Elementary School
Independent Provider	Paola Salles Ferreira Ponciano
School Year	2026-2027
Primary Contact Phone	(289) 893 3343
Primary Contact Email	paolaponciano@gmail.com
Program Hours	From school dismissal until **6:00 pm on full school days** and until **4:00 pm on half school days**

CHILD REGISTRATION & PARENT/GUARDIAN INFORMATION

One form per child.

Child Full Name	
Preferred Name	
Date of Birth / Age	Age:
Grade / Teacher	
Home Address	_____ _____

Parent / Guardian 1

Name	
Relationship	
Cell Phone	
Email	
Preferred Contact	[ ] Call [ ] Text [ ] Email

Parent / Guardian 2

Name	
Relationship	
Cell Phone	
Email	
Preferred Contact	[ ] Call [ ] Text [ ] Email

Notes that would help support your child:

_____

_____

_____

EMERGENCY & MEDICAL INFORMATION

Keep current and notify the provider promptly of any change.

Child Name	
Health Card Number (optional)	
Family Doctor / Clinic	
Doctor / Clinic Phone	
Emergency Contact 1	Name: _____ Relationship: _____ Phone:
Emergency Contact 2	Name: _____ Relationship: _____ Phone:

Medical information

Allergies (food, medication, environmental):

_____

Anaphylaxis / EpiPen? [ ] No [ ] Yes - location/instructions:

_____

Asthma / inhaler? [ ] No [ ] Yes - location/instructions:

_____

Other medical conditions:

_____

Dietary restrictions:

_____

Medications normally needed during program hours:

_____

Other emergency information:

_____

Emergency consent

I authorize the independent provider to contact 911 and obtain emergency medical assistance for my child when, in the provider's reasonable judgment, urgent medical care is required. I understand that the provider will make reasonable efforts to contact me or an emergency contact as soon as possible and that I remain responsible for keeping medical information current.

Parent/Guardian Signature: _____ Date: _____

AUTHORIZED PICK-UP & DISMISSAL AUTHORIZATION

The child will be released only according to the instructions on this form or a verified update from the parent/guardian.

Child Name	
Parent / Guardian	

Persons authorized to pick up the child

Full Name	Relationship	Phone	ID may be requested
_____			
_____			
_____			
_____			
_____			
_____			
_____			

Dismissal instructions

[ ] My child must always be picked up by an authorized adult.

[ ] My child may leave independently at _____ p.m. on the following day(s): _____

[ ] My child may leave with an older sibling named: _____

[ ] Other: _____

Same-day changes: I will contact the provider directly. My child will not be released to an unauthorized person based only on a message from the child.

Parent/Guardian Signature: _____ Date: _____

PARENT AGREEMENT & PROGRAM POLICIES

Please review and sign before participation.

Program purpose: The independent after-school care service provides supervised care and age-appropriate activities after the school day. Activities may include games, arts and crafts, reading/homework time, outdoor play, social activities and quiet activities.

Independent status: The service is independently operated by the provider. College Park Elementary School is the program location and is not the operator of this independent child care service.

Pick-up: Children must be picked up by the agreed closing time unless independent dismissal has been authorized in writing. A **late fee of $10 for every 15 minutes**, or portion thereof, will apply after the program's closing time.

Fees and payment: Program fees are paid directly to the independent provider. The rate is **$10 per child, per hour**. Payment is due **weekly, by Friday, for care provided during that week**. Payment may be made by **e-transfer or another method agreed upon with the provider**.

Illness: A child who is too ill to participate comfortably, has symptoms requiring medical attention, or presents a health/safety concern may need to be picked up. Parents/guardians must disclose significant allergies, medical conditions and relevant health changes.

Behaviour and safety: Children are expected to follow safety directions and treat others respectfully. The provider will use age-appropriate redirection, problem solving and positive behaviour support. Serious or repeated safety concerns will be discussed with the parent/guardian and, when relevant to the use of the premises or school-day transition, school personnel.

Personal belongings: Children should keep valuable items at home. The provider is not responsible for loss or damage to personal items except where required by law.

Emergency closure: The program may be cancelled because of school closure, severe weather, facility problems, provider illness, emergency conditions or other circumstances that make safe operation impractical.

Communication and confidentiality: Parents/guardians agree to keep contact information current and to communicate schedule changes directly to the provider. Personal and medical information will be used only as reasonably necessary for child safety, program administration, emergency response and authorized communications.

Parent/guardian acknowledgement

I have reviewed the policies above and understand my responsibilities regarding attendance, availability, pick-up, fees, health information, emergency contacts and communication. I agree to notify the provider promptly of any material change affecting my child’s safety or participation.

Parent/Guardian Signature: _____ Date: _____