



JUNIPER EARLY LEARNING CENTER
202-2049 Highland Place, Juniper West, Kamloops, BC V2E 0A8
(250) 374-9565 / (250) 851-9345

School Age Program

2021-2022 FEE SCHEDULE AGREEMENT

Student _____ Starting Date: _____

Ending Date: _____

The fees for the 2020-2021 **Before and After School Care Programs** are as follows:

Before School Program (Monday-Friday 7:30 to 8:30 am)
\$100.00 per month (priority is given to children in the After School Program)

After School Program Options:

- 5 Days/Week (Monday-Friday 2:30 to 5:30 pm)
- 3 Days/Week (Monday/Wednesday/Friday 2:30-5:30)
- 2 Days/Week (Tuesday/Thursday 2:30-5:30)

If you require different days, than what is offered, we will consider a Sharing Arrangement if you know another family that would like the opposite days to your child. ***The 2 and 3 day prices will be in effect for this type of an arrangement and both Registrations must be received at the same time.***

We will offer full day care, on school closure days, such as in-service days, early dismissal days, and winter/spring break. The additional fees are as follows: **an early dismissal day fee (1/2 day extra care) is \$10.00. A full day fee is \$20.00 extra per day (in-service days or winter/ spring break care).** Fees are payable at time of Registration and are non-refundable. You must register for these days at least 10 days in advance in order to allow us to plan staffing accordingly. Please note that these prices are for students who are attending the regular after school program on the day of the closure/early dismissal.

ENROLMENT FEE/ RE-ENROLMENT FEE

A \$100.00 non-refundable, annual, enrolment fee is required at the time of enrolment. The fee confirms that you have made a firm decision to have your child enrolled with us and guarantees for you that your child is now on our class list. **Enrolment fees are due upon registration. All enrolment fees are factored into the overall operational expenses involved in the running our schools.**

WITHDRAWALS

If for some reason your child needs to be withdrawn from the school, please give us 1 month written notice. We require payment for the next month if your child is abruptly withdrawn. We strive to be fair and seek your co-operation if this event should arise for you.

All children enter the School Age program on a probational basis. The health and safety of all children and staff members may require the withdrawal of any child whose behavior is determined to endanger him/her, other

children, or staff members. A child may also be dismissed if the child's needs are not being met by the program. In such cases, fees will be pro-rated and the remainder of the monthly fees will be returned to the parents.

SUMMER BREAK

We will be offering Weekly Camps throughout the summer. **Summer registration will open in the Spring, and forms will be sent home with our current students at that time.** We will allow a couple of weeks for our current students to register, before opening registration to the general public.

TUITION PAYMENTS

Tuition is due **on/or before the first of day of each month** and may be paid by automatic *Electronic Funds Transfer* from your banking institution, *a series of Post-dated Cheques dated September 1 to June 1 or Cash*. If you choose to have the tuition withdrawn from your bank automatically on the 1st day of each month, you must submit a VOID cheque, or a form from your banking institution with your Enrolment package. If you are choosing to pay by cheque, a series of post-dated cheques, for the months described above, **must be submitted with your enrolment package**. (A \$40.00 fee will be charged on all N.S.F. transactions). If you do not include one of the above options, we will assume that you will be paying cash each month. Please keep in mind, for cash payments, that if the 1st of the month falls on a weekend, or a day that your child does not attend, payment needs to be made in advance of the 1st, for that month. A **late fee** of \$25.00 will be added to unpaid fees on the **2nd of the month**. Should the school be closed for any days, other than those dates listed on the school calendar, parents will receive a pro-rated fee for the days of the school's closure. *Note: Monthly Tuition is subject to change within this contract.

***We are unable to offer refunds on absences, sick days or family holidays. We close on all statutory holidays and for one week, during the winter break. No rate adjustment on fees will apply.** Please see class calendar for specific dates of closures (*will be provided during the first week of school*). We will provide optional care during the spring break and part of the winter break. Please note extra fees will apply.

Please choose from the following PROGRAM(s)

_____ My child will attend the **After School Care Program 5 Days per week** (2:30–5:30 PM).
Tuition Fee: **Kindergarten Student \$350.00** (*after Government Fee Reduction*)

_____ My child will attend the **After School Care Program 5 Days per week** (2:30–5:30 PM).
Tuition Fee: **Grade 1 to 6 Student \$400.00**

My child will attend After School Care Program 3 days Days per week (Mon/Wed/Fri) (2:30-5:30)
_____ Kindergarten Tuition Fee: \$280.00 _____ Grade 1-6 Tuition Fee: \$310.00

My child will attend After School Care Program 2 Days per week (Mon/Wed/Fri) (2:30-5:30)
_____ Kindergarten Tuition Fee: \$240.00 _____ Grade 1-6 Tuition Fee: \$260.00

_____ Please register my child for the **Before School Care Program 5 days per week** (7:30-8:30 AM)
Tuition Fee: \$100.00 (*priority will be given to those already registered in the After School Program*)

Please Choose your Method of Payment

Void cheque/Bank Form (OR) Post-Dated cheques ending June 1, 2022 must be included at the time of registration.

Enrolment Fee \$100/child (\$100/child to family max. \$250) Cash (or) Cheque# _____

Electronic Fund Transfer (EFT) Void Cheque # _____ (or) Bank Form

(OR)

Post Dated Cheques Received (list cheque numbers) Sep _____ Oct _____ Nov _____ Dec _____
Jan _____ Feb _____ Mar _____ Apr _____
May _____ Jun _____

* any unused cheques will be returned to you upon request

Parents/Guardians have read the enclosed information and agree to all conditions set out in this contract as stated.

Parents/Guardian's signature

Date

Staff Signature

Date

Re-Enrolment Students - Please make sure a **NEW Emergency Card** is filled out with all updated information.

New Students - please complete the **Registration Form** and submit with this completed **Fee Schedule Emergency Card**, and all **Permissions Forms**, to Juniper Early Learning Center. Thank you!

****Please Note:**

The Order of Enrolment Priority is as follows:

1. Students currently attending the School Age Program
2. Students currently attending Pre-School or Full Day Program, that will be starting Kindergarten
3. Siblings of students currently attending a Program at Juniper Early Learning Center
(Above Registrations due January 25, 2021)
4. New Students to Juniper Early Learning Center. *(beginning February 1, 2021)*

Each of the above categories will be on a 'First Come – First Serve' basis. In the event that we have more registrations, come in at one time, than available spots, in steps 2 & 3, we will have to draw names from a hat. Thank you for your understanding.



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📍 202-2049 Highland Place, Juniper West, Kamloops, BC V2E 0A8
☎️ (250) 374-9565/ (250) 851-9345
Before/After School Program Cell Phone: (250) 682-3732

REGISTRATION FORM

Child's Name _____ F ___ M ___ Birthdate _____

Address _____ Home Telephone No. _____

City _____ Postal Code _____

Email Address: _____

Mother's Name _____ Cellphone Number: _____

Place of Business _____ Telephone No. _____

Address _____

Father's Name _____ Cellphone Number: _____

Place of Business _____ Telephone No. _____

Address _____

Please name two people that could be called in an emergency, if parents cannot be reached

1st Name _____ Address _____

Relationship _____ Telephone No. _____

2nd Name _____ Address _____

Relationship _____ Telephone No. _____

STUDENT INFORMATION

Describe previous preschool experiences _____

Would you tell us a little about your child?

a) Physical abilities, interests _____

b) personality characteristics – shy, outgoing, any fears? _____

c) Is there anything else you can think of that would help us to know and understand your child better?

Other children in the family?

Name

Age

Sex M/F

Do you have any specific academic or social goals in mind for you child during their preschool years?

HEALTH

Child: _____ Sex: _____ Birthdate: _____
Home Phone Number: _____ Address: _____
Father's Name: _____
Business Phone: _____ Cellphone Number: _____
Mother's Name: _____
Business Phone: _____ Cellphone Number: _____
Doctor's Name: _____ Phone Number: _____
Care Card Number: _____

Emergency Contact Persons (Other than Parents)

Name	Address	Phone Number

Name	Address	Phone Number

1. General State of Health _____
2. Any allergies? _____
Is the child subject to: **Yes or No**
Colds _____ Bronchitis _____ Sore throats _____ Urine infection _____
Hay fever _____ Bleeding nose _____ Ear infection _____
Convulsions _____ Skin conditions _____ Asthma _____
3. Is your child on any medication? _____
4. Is your child on any diet restrictions? (If different from allergies) _____

5. Any Physical/Learning concerns? _____
6. Any vision, hearing or speech concerns? _____

7. Any social/behavioral/emotional concerns? _____

8. Is child independent at using the toilet? _____
9. Does your child have any particular fears such as loud noises, costumes, uniformed people, dogs?

10. Other medical problems? _____
11. Are your child's immunization records up to date according to BC immunization standards?
_____ Yes _____ No



CONSENTS:

Childs Name _____ Parent Name(s) _____

Parent Phone #(s) _____ Email address: _____

(please complete all information - even if we have your child's information already on file)

After School Pick Up/Before School Drop Off

In the case of inclement weather or a bus malfunction, I hereby give the staff at Juniper Early Learning Center permission to transport my child from/to Juniper Early Learning Center to/from Juniper Ridge Elementary School, using their own personal vehicles. ***(This would ONLY be in the incident of a bus malfunction or inability to walk due to inclement weather)***

Parent/Guardian: (Sign) _____ Date: _____

Field Trips

I hereby, give permission for my child to accompany the staff of Juniper Early Learning Center on field trips. I understand that this includes excursions on foot, with Center Busses, staff vehicles or on public transit.

Parent/Guardian: (Sign) _____ Date: _____

Photos/Media

I, hereby, give permission for the staff of Juniper Early Learning Center, to take pictures/video of my child, for facility use. I understand that these pictures/videos may be used in displays, scrapbooks, community displays, on Juniper Early Learning Center's Website and/or Facebook page. I also give permission for members of the media, at the discretion of Juniper Early Learning Center staff, to take pictures/video of my child and publicize in the media.

Parent/Guardian: (Sign) _____ Date: _____

AUTHORIZATION FORM
AUTHORIZATION FORM

Child`s Name: _____

Pick-up and Transportation

Other than the signing parent, **only** the following persons have the authorization to pick-up and transport my child:

1. _____
2. _____
3. _____

Not authorized to pick-up my child

1. _____
2. _____
3. _____

Field Trips

I give permission for my child to take part in "walking field trips" near the school, whether preplanned or spontaneous. I understand that I will be notified of all Field Trips that require transportation. I understand that I will be responsible for transporting my child to and from field trip locations away from the school and in so doing, give permission for my child to attend.

Signature of Parent or Guardian

In case of illness or medical emergency, I understand the following:

- I cannot send my child to school when he/she is ill.
- I give the staff permission to call a doctor or ambulance in case of emergency.
- No medication will be given without the written consent of child`s parent or guardian.
- Medication is to be provided in the original labeled container.
- When giving prescribed medication, the date, time and amount of medication will be recorded and initialed.
- If my child becomes sick at school, I agree to have her/him picked up as soon as possible

Signature of Parent or Guardian

Child`s Name: _____

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Signature of Parent or Guardian

EMERGENCY CONSENT CARD

Name: _____ Sex: M F Birthdate: _____

Address: _____ Home Number: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Mother's Name: _____ Cel #: _____ Work # _____

Father's Name: _____ Cel #: _____ Work # _____

Alternate Contact: _____ Best phone #: _____

Name: _____ Cel #: _____ Work # _____

Name: _____ Cel #: _____ Work # _____

Child's Doctor: _____ Phone #: _____

Child's Dentist: _____ Phone #: _____

Allergies/Medication: _____

Most Recent Tetanus Shot: _____ MMR: _____

(Side 1)

Child's Name: _____ Medical #: _____

It is the Facility's policy to notify the parent when a child is ill or require medical attention. If we are unable to contact the Parents and the child needs immediate medical help, a parental consent is necessary for the facility staff to take appropriate actions on behalf of the child. Your consent will accompany the child to the emergency center.

I authorize the staff at the _____ to call a physician, take my child to the nearest emergency centre or summons an ambulance for emergency medical aid through the person(s) in attendance feel such services are required and I cannot be contacted by phone. If such emergency should arise, I shall be notified as soon as possible. I agree that any cost incurred for such services shall be the sole responsibility of myself.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(Side 2)