



School Copy

JUNIPER EARLY LEARNING CENTER

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

School Age Program

2022-2023 FEE SCHEDULE AGREEMENT

Student _____ Starting Date: September 6, 2022

Ending Date: June 28, 2023

The fees for the 2022-2023 **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) (priority is given to full time spots)
- 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. If one of the families decides to withdraw, the remaining family will be responsible to pay the 5 day rate or switch to one of our regular part time schedules.***

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. Occasional **Field Trips** may be organized on days when we offer 'full day' care, and any **entrance fees for such activities, are to be paid by parents through cash only.**

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If for some reason your child needs to be withdrawn from the school, 1 month written notice (on the 1st of the month,) is required. 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 1st of September through to the 1st of June **must be submitted with your enrolment package.** (A \$50.00 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 Fees are 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, as the monthly tuition fees have been averaged out while taking this into consideration.** Please see class calendar for specific dates of closures (*will be provided during the first month of school*). We will provide optional care during the spring break and part of the winter break. Please note extra fees will apply.

****Please Note:**

The Order of Enrolment Priority is as follows: (priority is given to 5 days per week over 3/2 days per week)

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 28, 2022)
4. New Students to Juniper Early Learning Center. (Registrations open on February 1, 2022)

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 or 3, we will have to draw names from a hat. Thank you for your understanding.

You will receive a confirmation email (within 2 weeks) indicating that your child's enrollment package has been received and your child's spot in the program, has been reserved.

Child's Name _____ F _____ M _____ Birthdate _____

Address _____ Home Telephone No. _____

City _____ Postal Code _____

Mother's Name _____ Cellphone Number: _____

Place of Business _____ Telephone No. _____

Address _____

Email Address: _____

Father's Name _____ Cellphone Number: _____

Place of Business _____ Telephone No. _____

Address _____

Email Address: _____

Please indicate which school your child will be attending:

_____ My child will be attending **Juniper Elementary School** and will be picked up by the staff of Juniper Early Learning Center.

_____ My child will be attending **Ralph Bell Elementary**, and I understand that there will be no transportation to and from the school. *(There will be a staff member to meet children at the bus stop above Juniper Market)*

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 \$400.00** *(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 \$450.00**

My child will attend After School Care Program 3 days Days per week (Mon/Wed/Fri) (2:30-5:30)
_____ Kindergarten Tuition Fee: \$310.00 _____ Grade 1-6 Tuition Fee: \$370.00

My child will attend After School Care Program 2 Days per week (Mon/Wed/Fri) (2:30-5:30)
_____ Kindergarten Tuition Fee: \$275.00 _____ Grade 1-6 Tuition Fee: \$310.00

_____ 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 for Monthly Tuition:

_____ I would like tuition to be withdrawn from my bank account on the 1st of each month (EFT)

(must include one of the following) Void Cheque # _____ (or) Bank Form

(OR)

_____ I choose to pay monthly tuition by cheque (post-dated cheques must be included and listed below):

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

(OR)

_____ I choose to pay tuition by cash on/or before the 1st day of each month, and I acknowledge that I must pay a \$25.00 late fee if tuition is paid on/or after the 2nd of the month.

(Email Transfer is not an option that we currently offer)

If there will be changes to your child's health information, authorization for pick/up from Juniper Early Learning Center, authorization for field trips, authorization for photos/media (from your previous contract 2021/2022), please request the applicable forms for completion. If there are NO CHANGES to any of the above stated, please sign below:

I hereby state that there are no changes to any of the above listed forms, that were completed in my child's 2021/2022 contract.

Parent/Guardian Name: _____ **Signature:** _____

Please be sure a NEW Emergency Card is filled out with all updated information.

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

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

Parents/Guardian's signature

Date

Staff Signature

Date



JUNIPER EARLY LEARNING CENTER

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

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?

* A division of Peace Educational Services Corporation

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

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

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 _____

JUNIPER EARLY LEARNING CENTER

202-2049 Highland Place, Juniper West, Kamloops, BC V2E OA8
(250) 374-9565

Photograph Permission

Please note: Our school requires a photograph of your child for our records, prior to their enrolment.

I give permission for my child, _____, to be photographed. I understand that these photographs will be used for my child's records and may be used for classroom displays, projects, school website and the school's official social networking page.

Parent/guardian Signature: _____

Date: _____

Child Release

I understand that the school staff will not release my child, _____ to any authorized individual if they are intoxicated or are displaying any erratic behavior, making them unable to adequately care for my child and potentially jeopardizing their health and safety.

Parent/guardian signature: _____

Date: _____

Emergency Transport Waiver

I give permission to the staff of Juniper early Learning Center to transport my child, _____, in their personal vehicles in the case of an emergency evacuation.

I understand that this means that they may not have the proper car seat/booster seat and that this would only be done in an emergency situation, such as, but not limited to, an evacuation due to a wildfire.

Parent/guardian signature: _____

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, (close by for young children), with Juniper Early Learning Center Bus, or on public transit.

Parent/guardian signature: _____

Date: _____

Facebook Permission (Toddler Class Only)

The Toddler Class at Juniper Early Learning Center has started a Private Facebook page with photos and information documenting your child's learning while in our care. We will be taking photos of the children engaging in their activities within the premises, at the park, or on field trips. The photos will be used for posts on our Private Facebook page, and/or bulletin boards within the walls of Juniper Early Learning Center only.

For the protection of your child, the Facebook page will be a **Private group, and will only accept parents of children currently enrolled in our care, to be a member.**

Should you decide at a later date that you no longer want your child's photos/information to be posted on the page, you may rescind your permission by stating as such in writing.

I hereby grant permission to Juniper Early Learning Center to post photos and information regarding my child, _____, on the Private Facebook page, under the terms stated above.

Parent/guardian Name: _____

Parent/guardian Signature: _____

Parent Profile Name (on Facebook): _____

Date: _____