



Dear Families,

We are excited to be able to offer our Before and After School Program again this school year. Outlook Elementary School is once again able to provide us a space to run our program out of, where we are able to offer care from 7:30 to 8:45 and 3:30 to 5:30.

We are moving to a different classroom this year, down the hallway towards the gym. We will still use the bus loop doors in the morning and evening. Please ensure you are not parking in the bus loop between the hours of 8:15-3:45 as that is when the buses will be using that space.

The BAS program will only be open on school days according to the Sun West School Division Calendar.

Please pack an extra snack for your child to eat at the program if they are hungry afterschool.

BAS registration forms and parent agreements are attached to this letter. These forms will take the place of our previous registration forms. Please ensure that you complete all questions on both pages and one form for each child that you are enrolling. The registration forms can be filled out online and emailed back to [smallsteps.bas@gmail.com](mailto:smallsteps.bas@gmail.com) or can be printed and brought into the office at Small Steps ELC at 600 Christie St, Outlook, SK.

Spaces are limited and will be filled on a first come first serve basis.

Bailey will be taking over the scheduling for the BAS Program this year. Please send your schedules to her at [smallsteps.bas@gmail.com](mailto:smallsteps.bas@gmail.com) . We would prefer for the schedules to go through this email, to ensure that we are not missing any schedules through Brightwheel. Please send schedules by the 25<sup>th</sup> of the month prior to allow time for scheduling.

Monthly invoicing and payments will continue to be provided through Small Steps at [sselc@sasktel.net](mailto:sselc@sasktel.net) .

We are all excited to see everyone back from the summer and look forward to meeting new faces!



**Before & After School Program Contract**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Health Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_  
Emergency Contact Phone Number: \_\_\_\_\_

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Emergency Contact Phone Number: \_\_\_\_\_

Allergies (Food, Drug, Other) (Please list if they use an inhaler/ Epi-Pen)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any food restrictions, physical limitations or diverse needs that we should be aware of?  
Please list below.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all known medical conditions and current medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are your child's immunizations up to date?  Yes  No

Is your child allowed to walk/ bike home on their own?  Yes  No

\*We will still require confirmation of when your child is allowed to leave. Please send a message through Brightwheel letting us know when your child is able to walk/bike home.

People authorised to pick up my child:(we still require notification when your child is picked up by someone other than the parent/guardian) \_\_\_\_\_  
\_\_\_\_\_

Is your child enrolled in any extracurricular activities?  Yes  No

Please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

