

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 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. 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 25th 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.

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:						
Emergency Contact Hone Hamber:						
Emergency Contact Name:						
Emergency Contact Phone Number:						
Allergies (Food, Drug, Other) (Please list if they use an inhaler/ Epi-Pen)						
Please list below.	imitations or diverse needs that we should be aware of?					
List all known medical conditions and current medica	tions:					
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 Brightwheel letting us know when your child is able to						
People authorised to pick up my child:(we still require other than the parent/guardian)	e notification when your child is picked up by someone					
Is your child enrolled in any extracurricular activities? Please list:						



I authorise the use of my child's photos, videos and audio in th ☐ Brightwheel	ne following	: (check	all that ap	ply)			
□ Facebook page/group (names and 'tags' will not be used)							
☐ Internal displays used within site (ex. printed photos)							
 □ External Media coverage photos and videos for television, social media accounts operated by external media outlets, pro □ I DO NOT WISH MY CHILD TO BE IN ANY PHOTOGRAP 	motional m						
Please provide any other information we should that would be child:	helpful in ι	ınderstan	ding and	caring fo	r your		
The fee may be adjusted by providing 1 month written notice of the month prior to termination date. The fee may be 25th of the month prior.							
Due to a late pick up, a \$20.00 service charge will be applied minutes after.	(after 5:30)	plus an a	additional	\$5.00 for	every 5		
Late payment fee of \$25 will be applied to your account after plus interest will be applied each month after, unless payment Director. Outstanding invoices on the 30 th day of the month wi account being sent to a collections agency. An exception to the plan that includes payments that are paying off the outstandin month. The payment plan is an agreement between Small Staboth parties outlining the payment amounts and dates	arrangeme Il result in s nis is if effor g amount <u>a</u>	ents have ervices b t is being <u>nd</u> prepa	been madeing terming made to ying for the	de with th inated an follow a p se upcom	ne ad the payment iing		
Please note this is before and after school care only and there holidays.	efore does r	not includ	e PD days	s or othe	rschool		
The parent and the childcare service agree that the total operation the 1st day of the month:	childcare fe	es shall	be indica	ated belo	w, and is		
\$300/month -Full Time Category							
\$220/month - Half Time Category Before OR After	school onl	у					
\$18/day - Casual Category -before AND after school							
\$12.50/day - Casual Category - before OR after school							
	Date:	/	1				
Parent/Guardian Signature			Month	Year			
Centre Director Signature	Date: _	/_ Day	/_ Month	Year			
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