



## 2019-2020 After School Program

**STUDENT & PROGRAM INFORMATION:**

Name \_\_\_\_\_ Birthdate (mm/dd/yyyy) \_\_\_\_\_ Age \_\_\_\_\_

School Grade as of September 2019: \_\_\_\_\_ Gender:  Female  Male MCP # \_\_\_\_\_

Does the student require a booster seat for transportation in a vehicle?  Yes  No

*Please note that as per government legislation, children who are four to eight years old, or weigh between 40 and 80 pounds (18 and 37 kilograms), or are 4'9" (145 cm) tall or less are required to use a booster seat.*

Group Request \_\_\_\_\_

*Please note: we will do our best to accommodate requests, but cannot guarantee group placement.*

List the names of any siblings of the Student that are attending the MAX After School Program, MAX Childcare (Olympic Dr.), or MAX Childcare (Gingerbread House):

1. \_\_\_\_\_ 2. \_\_\_\_\_

If attending the MAX location at 1 Olympic Drive, Mount Pearl, please select the school that the student will be attending in the 2019-2020 school year:

- Paradise Elementary       St. Peter's Primary       Newtown Elementary       Morris Academy       Elizabeth Park Elementary  
 Mary Queen of the World       Octagon Pond Elementary       Goulds Elementary       Mount Pearl Intermediate       Holy Family Elementary  
 Topsail Elementary (Note: Offered at 2 locations)  
 Other – please enter the school name and note that transportation will not be provided by MAX \_\_\_\_\_

If attending the MAX location at 34 New Cove Road, St. John's, please select the school that the student will be attending in the 2019-2020 school year:

- Mary Queen of Peace       Roncalli Elementary       MacDonald Drive Elementary       Bishop Field Elementary       Larkhall Academy  
 Vanier Elementary       Rennie's River Elementary       St. Francis of Assisi       East Point Elementary  
 Other – please enter the school name and note that transportation will not be provided by MAX \_\_\_\_\_

If attending the location at St. Thomas of Villa Nova Parish Hall, CBS East, please select the school that the student will be attending in the 2019-2020 school year:

- Topsail Elementary (Note: Offered at 2 locations)       Villanova Junior High  
 Other – please enter the school name and note that transportation will not be provided by MAX \_\_\_\_\_

If attending the location at All Saints Parish Hall, CBS West, please select the school that the student will be attending in the 2019-2020 school year:

- St. Edward's Elementary       Admiral's Academy  
 Other – please enter the school name and note that transportation will not be provided by MAX \_\_\_\_\_

If attending the location at The Parish of St. Lawrence Church, PC/SP, please select the school that the student will be attending in the 2019-2020 school year:

- Beachy Cove Elementary  
 Other – please enter the school name and note that transportation will not be provided by MAX \_\_\_\_\_

**Does the student have any medical (including food and other allergies), physical, or behavioural concerns that our staff should be aware of? (CONFIDENTIAL)**

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**Does the student require any medication to be administered? (CONFIDENTIAL)**  YES  NO

*(If yes, "Medication Consent and Administration of Medication Record" form is required to be completed)*



**PARENT/GUARDIAN INFORMATION:**

1. Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_  
Email \_\_\_\_\_ Address \_\_\_\_\_  
City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_  
Email \_\_\_\_\_ Address \_\_\_\_\_  
City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**EMERGENCY CONTACT (other than parents/guardians listed above):**

*Please note that each person must be 18 years of age or older.*

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_

**PERSONS OTHER THAN PARENTS/GUARDIANS LISTED ABOVE WHO ARE PERMITTED TO PICK THE STUDENT UP FROM MAX:**

*Please note that each person must be 18 years of age or older and may be required to show picture identification before the student is released to him or her. Any persons not listed here will not be permitted access to the student.*

1. Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
2. Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
3. Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

**PAYER INFORMATION:**

- If there is one (1) payer, please complete the attached form titled Pre-Authorized Debit (PAD) Agreement for 2019-2020 After School Program (Single Payer).
- If there are two (2) payers, they will alternate bi-weekly payments so that each payer will make a payment every four (4) weeks.
  - Payer 1 must complete the attached form titled Pre-Authorized Debit (PAD) Agreement for 2019-2020 After School Program (Payer 1).
  - Payer 2 must complete the attached form titled Pre-Authorized Debit (PAD) Agreement for 2019-2020 After School Program (Payer 2).

Email completed form to [info@yourmax.ca](mailto:info@yourmax.ca) or deliver in person to any MAX location. For inquiries, email [info@yourmax.ca](mailto:info@yourmax.ca), call 733-7330 or visit [www.yourmax.ca](http://www.yourmax.ca).



## Terms & Conditions for 2019-2020 After School Program (please read carefully)

1. You must submit a completed registration form in person to any MAX Arts. Athletics. Wellness. (hereafter referred to as MAX) location. Because spaces are limited, submission of a registration form does not mean that a student will be granted a space in the requested program. Returning MAX After School students and their siblings, returning students of other MAX childcare programs and their siblings, and existing MAX customers may be given priority for registration, followed by a "first-come, first-served" policy for all other registrants.
2. **Discontinuation Policy:** \_\_\_\_ (Customer initial) Once registered, to officially withdraw, a parent/guardian must complete and submit a Discontinuation Form in person or by email. Discontinuation Forms are available upon request from program management. Verbal notification and/or non-attendance will NOT constitute discontinuation. **Up to July 31, 2019:** discontinuations are subject to a \$150+HST cancellation fee per student. **From August 1-31, 2019:** clients will pay the first bi-weekly payment, and a \$150+HST cancellation fee per student. **From September 1, 2019 - March 31, 2020:** discontinuing clients must give a minimum notice of 28 days, and pay a \$50+HST cancellation fee per student. **From April 1 – June 25, 2020:** discontinuing clients must give a minimum notice of 28 days, and pay a \$150+HST cancellation fee per student. Please note that recurring pre-authorized debit payments are non-refundable once processed. If a balance is owing after the discontinuation has been processed, the next scheduled recurring payment will be adjusted to collect this balance in full.
3. Children attending the MAX After School Program must be toilet trained and able to tend to their toiletry needs before enrollment into the program. If the student does not meet this requirement upon starting the program, access to the program can be restricted or withdrawn and be subject to regular cancellation terms.
4. I acknowledge and agree to all conditions and expectations set out and presented in the "Parent Handbook" supplied to me upon registration in the program.
5. If a payer's pre-authorized debit (PAD) payment fails, the payer will be in default. Default may result: 1) in the payer's account being sent for third party collections (any related fees will be billed to the payer); 2) in the cancellation of the student's enrollment; 3) in the payer forfeiting any previously paid fees.
6. A \$25.00 + HST Declined Payment Fee will be charged for preauthorized bank withdrawals that are declined for any reason.
7. Regular attendance and punctuality is expected for all days in which the student is registered. There will be no refund for days missed by a student. If the student will be absent for any reason, a parent/guardian must advise MAX via email by 1:30pm on the day of their absence (the appropriate email address is available in the MAX After School Handbook). There will be a Late Notice Fee of \$10 charged for every time we do not have notice of a student's absence prior to 1:30pm on the day of the absence. If for some reason you are unable to pick the student up on time, you must phone the centre to advise the staff. When the student is picked up late, the payer will be charged a \$10 Late Pick Up Fee at the start of every ten (10) minute increment past the scheduled pick-up time of 6:00pm.
8. All Late Notice Fees, Late Pick-Up Fees, and Declined Payment Fees will be added to a pre-authorized debit (PAD) amount for a scheduled payment following the date of the charge or added to an existing account balance. If any charges are incurred in June 2020 after the last scheduled payment has been processed, an additional pre-authorized debit payment will be processed on June 26, 2020 to cover these charges. Costs associated as per 2019-2020 After School Handbook.
9. MAX reserves the right to withdraw any program or level of instruction, to change an instructor of any program, or to close any MAX location at any time without notice or liability other than to refund fees received for sessions cancelled due to such withdrawal or closing. MAX will not refund any days missed due to non-attendance or days cancelled due to weather. Please check [www.yourmax.ca](http://www.yourmax.ca) or call 733-7330 to see if MAX facilities are closed due to weather.
10. Unless MAX is otherwise advised in writing by a parent/guardian, the parent(s)/guardian(s) permit the student to participate in all MAX After School Program activities including supervised offsite trips. All students in attendance must participate in all scheduled activities and arrive at MAX with the proper attire required to participate in the activities scheduled for the day. Activity schedules are posted on [www.yourmax.ca](http://www.yourmax.ca).
11. MAX is not responsible for any student's personal possessions that may become lost, stolen, or broken while attending a MAX program.
12. Safety is a top priority at MAX. Upon departure, the student must be signed out of the program by a parent/guardian or one of the people listed on the registration form as persons other than parents/guardians who are permitted to pick the student up from MAX. If the MAX staff does not know the person picking the student up from MAX, the person will be asked to show photo identification before the student is released to him or her. A student is not permitted to leave the MAX facility by himself or herself unless a parent/guardian provides written permission to MAX.
13. Students are not allowed to carry or administer their own medication while attending MAX. If the student requires a dosage of his/her prescribed medication during the program, a parents/guardian must have a physician complete a release form. Medication must be given directly to the Program Coordinator by a parent/guardian. All medication must be in the original packaging and clearly labeled with the student's name, medication name, date, dosage, doctor's name, and telephone number. Due to possible allergic reactions, students must be taking the medication for at least 24 hours before attending the program. Please note that MAX staff may not administer medication to any student unless trained by medical personnel at the expense of the parents/guardians.
14. All of the student's relevant illnesses, medical conditions, disabilities, and/or behavioral concerns have been disclosed to MAX on the registration form.
15. You hereby give MAX and its employees the authority to act on your behalf in case of any emergency. If, due to such circumstances as injury or sudden illness, medical treatment is necessary, you authorize MAX to take any emergency measures deemed necessary by MAX for the protection of the student while in the care of MAX. You understand that this may involve calling a physician, interpreting and carrying out his or her instructions, and transporting the student to a hospital, including the possible use of an ambulance. This could also include emergency transportation required as a result of fire or other environmental emergencies. You understand that this may be done prior to contacting you, and that any expense incurred for such treatment, including ambulance fees, is your responsibility.
16. MAX promotes an atmosphere of safety and mutual respect and will not tolerate inappropriate conduct or behavior. Violation of these principles may result in immediate termination of the student's enrollment.
17. In consideration of being allowed to participate in MAX activities and programs and to use MAX facilities, equipment and services, you hereby forever waive, release and discharge MAX and its officers, agents, employees, representatives, executors and all others acting on their behalf from any and all claims or liabilities for injuries or damages to the student's person and/or property, including those caused by the negligent act or omission of any of sparing those mentioned or others acting on their behalf, arising out of or connected with the participation in any activities, programs or services of MAX or the use of any equipment at various sites, including home, provided by and/or recommended by a MAX representative.
18. MAX takes customer privacy seriously. We will not sell, distribute, barter or transfer any personally identifiable information obtained about our students to parties outside of MAX, without the authorized written consent of a parent/guardian except where required by law such as in emergency situations or by legal order. In the normal course of business and for the purpose of advertising, MAX may photograph or video students as they partake in MAX activities. Such photographs or video may be used by MAX for publicity purposes without the student's name attached unless a parent/guardian otherwise advises MAX in writing. No photography or video is permitted to be taken inside any MAX location without the express written consent of MAX.

**ACCEPTANCE:** *By signing below, I acknowledge and agree to the Terms and Conditions written above and I represent that the information given by me on the Registration Form is complete and accurate.*

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_