



# Westpark School Before & After School Care Registration

Westpark School is pleased to provide a supervised Before & After School Care Program  
for Westpark School students, up to and including grade 8 students.

*Before School Care is available from 7:45 am until 8:45 am*

*After School Care is available from 3:45 pm until 5:15 pm*

Number of students in Family: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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## **Before & After School Care Options:**

### **Before or After School Care:**

- Monday – Friday (5-day Care) \$30 per student/week
- Mon/Wed/Fri or Tues/Thurs/Fri (3-day Care) \$18 per student/week

### **Before and After School Care:**

- Monday – Friday (5-day Care) \$ 40 per student/week
- Mon/Wed/Fri or Tues/Thurs/Fri (3-day Care) \$24 per student/week

**Survey: (Please note below are for interest information only)**

I would like to be able to send my child for full days on Administration/Professional Development and School Breaks (Spring Break, Christmas Break)

I am interested in a full-time child-care option for my child for July and August

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Sessions per Week:**

Before School Care	After School Care	Before & After School Care
3-day Care ___ Students x \$18 = _____	3-day Care ___ Students x \$18 = _____	3-day Care ___ Students x \$24 = _____
5-day Care ___ Students x \$30 = _____	5-day Care ___ Students x \$30 = _____	5-day Care ___ Students x \$40 = _____
Total = \$ _____	Total = \$ _____	Total = \$ _____

**Frequency of Payment:**

- Bi-Weekly (Every other Friday)
- Semi-monthly (1<sup>st</sup> and 15<sup>th</sup> only)
- Monthly (1<sup>st</sup> or 15<sup>th</sup>)

**Payment Amount:** \$ \_\_\_\_\_ (Total amount divided by number of payments) Start

**Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Pre-Authorized Payment Option:**

Bank Information:

- Option #1:** Attach a **void** cheque.
- Option #2:** Fill out bank information below (all information is required)

Name of Institution: \_\_\_\_\_

\_\_\_\_ Branch Address: \_\_\_\_\_

City/Prov.: \_\_\_\_\_

\_\_\_\_\_ Transit #

\_\_\_\_\_ Institution # \_\_\_\_\_ Account # \_\_\_\_\_ (5 digits) (3 digits) (7+ digits, include all zeros)