



BEFORE AND AFTER SCHOOL PROGRAM

Many parents find themselves in need of a place for their children to go before and after school for a short time, due to demanding schedules. In response to this need, The King's School is committed to providing a safe, supervised Before and After School Program (BASP) within the school. BASP is available to children in Pre School through Grade 8.

Under the direction of responsible and qualified staff, BASP is available all days that school is in session, including early dismissal days; however, there is **no after care on the afternoons before Christmas and Summer Break dismissal**. Any in-service, holidays or other days off, the program will **not** be available.

In the mornings, BASP is available from **7:00-8:20 am**, and in the afternoons, from **3:30 -5:30 pm**. If children are picked up after the 5:30 pm cut off time, a late fee will be charged.

BASP fees are invoiced monthly based on the previous month's attendance records. Casual care is an option; however, we request advance notice to allow for adequate time to inform the teacher as well as the BASP Supervisor.

The King's School's policy states that at 4:00 pm, all students Pre School-Grade 8 who have not been picked up are sent to BASP. If the supervisor does not have registration form(s) for your child(ren), they are marked down as a drop-in and charged the drop-in fee on the monthly invoice.

	Before School (7:00 – 8:20 am)	After School (3:30 – 5:30 pm)	Before & After
1 Child	\$4	\$6	\$10
2 Children	\$6	\$8	\$14
3+ Children	\$8	\$10	\$18
Grades 7 & 8	\$2/Child	\$2/Child	\$4/Child
Drop in	\$5/Child	\$7/Child	\$12/Child

*If your child is not picked up by 5:30 pm, a **\$10 late fee will be charged per child** and an **additional \$10 per child for every 10 minute period** following.*

If you would like to register your child for BASP, please fill out the attached registration form, and return to the school office.

Thank you,

Neena Huebert
BASP Coordinator
204.989.6581
basp@thekingsschool.ca

BEFORE AND AFTER SCHOOL PROGRAM 23-24 REGISTRATION FORM

STUDENT 1		
Name:	Grade:	Date of Birth (MM/DD/YYYY):
Allergies/Medical Conditions/Other Needs:		
STUDENT 2		
Name:	Grade:	Date of Birth (MM/DD/YYYY):
Allergies/Medical Conditions/Other Needs:		
STUDENT 3		
Name:	Grade:	Date of Birth (MM/DD/YYYY):
Allergies/Medical Conditions/Other Needs:		
PARENT / CAREGIVER CONTACT INFORMATION		
NAME(S):	RELATIONSHIP TO STUDENT(S):	
EMAIL ADDRESS:		
PRIMARY PHONE:	SECONDARY PHONE:	
SECONDARY EMERGENCY CONTACT INFORMATION		
NAME:	RELATIONSHIP TO STUDENT(S):	
PRIMARY PHONE:	SECONDARY PHONE:	
<input type="checkbox"/> I understand that by listing the individual above, I authorize them to pick up my child(ren) when I am unavailable.		
<input type="checkbox"/> Custody agreement <i>(please include a schedule/explanation of custody agreement if applicable)</i>		
Dates Required <i>(Please note: you will only be charged for days your student(s) attend)</i>		
Monday	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Tuesday	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Wednesday	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Thursday	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Friday	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Casual	<input type="checkbox"/> <i>(advanced notice requested)</i>	

Parent / Caregiver Signature

Date

OFFICE USE ONLY	
Received: _____	_____
<input type="checkbox"/> Added to BASP Attendance/Billing	
<input type="checkbox"/> Added to BASP Medical Information	
	BASP Coordinator Signature