



Before/After School/SCD Programs Form

Our Before/After School/SCD Programs run on a cost-recovery basis as a service to our community and must have a minimum number of students enrolled in order for us to run these programs. Families will be notified by July 2nd of each year if we are not able to run the programs.

PSS BSP/ASP/SCD Programs are Open to:

- The PSS BSP/ASP (Before and After School Programs) are available to all PSS students (*Junior Kindergarten, Senior Kindergarten, and Years 1 through 8*).
- The PSS SCD Program (Friday Staff Collaboration Days which includes PD Days) is available to all PSS students (*Junior Kindergarten, Senior Kindergarten, and Years 1 through 8*).
- Please Note: Due to COVID-19 these programs will not be available to students in neighbouring schools for this 2020/21 School Year.

Hours/Days of Operation:

- The PSS BSP/ASP will operate on all **regular instructional days** (please note: this does not include School Holidays, Statutory Holidays and Professional Development Days).
- The PSS SCD Program will operate on all **regular Friday non-instructional days** (please note: this includes Professional Development Days and does not include School Holidays nor Statutory Holidays).
- The **PSS Before Program** operates from **7:30 a.m. to 8:15 a.m.** (*Mondays through Thursdays*).
- The **PSS After School Program** operates from **4:15 p.m. to 5:45 p.m.** (*Mondays through Thursdays*).
- The **PSS SCD Program** operates from **7:30 a.m. to 5:45 p.m.** (*Fridays including PD Days*).

Full-Time Program Fees (3 to 4 days per week):

- Full-Time Before School Program is **\$95/month** (*3 to 4 days per week*).
- Full-Time After School Program is **\$160/month** (*3 to 4 days per week*).
- Full-Time Before & After School Program is **\$220/month** (*3 to 4 days per week*).
- Fees are payable on the first day of the month through our Pre-authorized Debit Program.

Part-Time Program Fees (1 to 2 days per week):

- Part-Time Before School Program is **\$50/month** (*1 to 2 days per week*).
- Part-Time After School Program is **\$85/month** (*1 to 2 days per week*).
- Part-Time Before & After School Program is **\$110/month** (*1 to 2 days per week*).
- Fees are payable on the first day of the month through our Pre-authorized Debit Program.



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SCD Program Fees:

- SCD Program is **\$150/month** ~ (including all SCD and PD Days).
- SCD Program is **\$80/month** if enrolled in the Full-Time Before & After School Program.
- Fees are payable on the first day of the month through our Pre-authorized Debit Program.

Occasional Drop-In Program Fees (1 to 3 days per month):

- Occasional Drop-In to the **Before** School Program is **\$10/day**.
- Occasional Drop-In to the **After** School Program is **\$15/day**.
- Occasional Drop-In to both the **Before and After School** Program on the same day is **\$20/day**.
- Occasional Drop-In to the SCD Program is **\$55/day**.
- Fees will be invoiced at the end of the month and due by the first of the following month.

Notes on Fees:

- Enrolment in any combination of the BSP/ASP/SCD programs will never exceed \$300/month.
 - E.g. - use of Drop-In program will be capped at \$300/month; or
 - E.g. - enrolment in ASP/SCD combination will be reduced to \$300/month, etc.

Student Information (please print)

Student's Full Legal Name: _____ Year at PSS: _____

My/Our child will be attending:

- | | |
|---|---|
| The Full-Time Before School Program | The Part-Time Before School Program |
| The Full-Time After School Program | The Part-Time After School Program |
| The Full-Time Before & After School Program | The Part-Time Before & After School Program |
| Occasional Drop-In to the Programs | SCD Program |

Days attending Before School Program: My child will be dropped off at _____ a.m.

Monday Tuesday Wednesday Thursday

Days attending After School Program: My child will be picked up at _____ p.m.

Monday Tuesday Wednesday Thursday

Days attending SCD Program: My child will be dropped off at _____ a.m. and picked up at _____ p.m.

Special Considerations to be aware of: _____

Name of Parent/Guardian (printed): _____

Signature: _____ Date: _____ (dd/mm/yy)