

SUMMIT SCHOOL

Afterschool Care 2024 -2025

1750 rue Deguire, Saint Laurent, Quebec Canada H4L 1M7
TEL: (514) 744-2867 FAX: (514) 744-6410 www.summit-school.com

Director General:
HERMAN ERDOGMUS

Principal:
BENA FINKELBERG

Dear Parents/Guardians:

Summit School has an **Afterschool Care Program**. This program is set in place to help those parents who cannot be home at the time when their child arrives. The program consists of a homework component as well as many leisure and education activities. This program is offered from **Monday to Friday**, from **3:15 pm till 5:30 pm**. **We do not offer busing for this program. All students will need to be picked up by a parent or arrange to be picked up by Adapted Transport.** Please note, if you are using **Adapted Transport**, you must book your pickup time for no later than **4:45pm**, as there is a 30-to 45-minute window for pick up.

**Priority will be given to parents signing up for a complete week.
You must be fully registered to use this program.**

Fee:

\$12.00 per day

If you have any concerns,
please contact Pamela Vatcher at:
pvatcher@summit-school.com

Session #1 – Wednesday, September 4th to Thursday, December 19th, 2024 (15weeks)

Session #2 – Wednesday, January 8th to Wednesday June 18th, 2025(21 weeks + 3 days)

❖ **Please note there is no program on Professional days or holidays.**

❖ **THERE WILL BE NO REFUNDS or TRANSFERRING OF DAYS WHEN YOUR CHILD IS ABSENT OR IF THEY ARE PICKED UP EARLY FROM SCHOOL**

Please be advised that on some occasions we might have to cancel the After School Program on short notice.

Please fill out the Registration form on next page

Registration Form. **After School Program**

Please print Clearly.

Child's Full Name: _____ Age: _____
(First Name) (Last Name)

Teacher's Name: _____ Parent Email: _____

Parent making tax claim's Full Name: _____ SIN# _____

My Child will be picked up by:
Mother, Father or Other: _____ Cell No: _____

Adapted Transport: _____ Client Number: _____ (Very Important)

Fees: \$12.00 per day

Session 1. (Check or Credit Card)

Starts: Tuesday, September 4th, 2024, **Ends:** Thursday December 19th, 2024

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Total # of days _____ X **\$12.00** X 15 weeks Total \$ _____

Session 2. (Check or Credit Card)

Starts: Wednesday, January 8th, 2025 **Ends:** Wednesday June 18th, 2025

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Total # of days _____ X **\$12.00** X 21 weeks + 3 days Total \$ _____

If paying by credit card, please fill in the following information.

Credit Card Information

Type of Credit Card _____ (Visa, Master Card...) Name on Credit Card _____

Card Number _____

Expiry Date _____ / _____ CVV Number _____ (3- or 4-digit number on back of card)
Month/Year

Print Name Clearly

I, _____ hereby give Summit School permission to use my credit card for payment towards the After School Program.

Parents Signature: _____ Date: _____

Check
Credit Card

SUMMIT SCHOOL
Morning Drop Off Program
2024 - 2025

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Registration 2024 – 2025

Limited Spaces

This program is designed to help accommodate working parents who need to drop their child off before the start of school.

If you are NOT signed up for this program, early drop off is only AFTER 8:45am!

Morning Drop Off Fee

Time	Amount Per Day
7:30am – 8:45am	\$6.00

There is a \$6.00 fee for this program. We start at 7:30 am and run till the start of the school day. If you plan or need to drop your child off before school, then it is recommended that you place your child in the Early Morning program. You can choose the number of days needed per week or month.

To register your child for the upcoming **2024 – 2025 Morning Drop Off Program**, please complete the attached form and return it with your payment as soon as possible by email pvatcher@summit-school.com or to your child's teacher or bring it to the receptionist at Summit School.

Priority will be given to families with working parents.

Fill out the Registration form on the next page.

Registration Form. Morning Program

Please print Clearly.

Child's Full Name: _____ Age: _____
(First Name) (Last Name)

Teacher's Name: _____ Parent Email: _____

Parent making tax claim's Full Name: _____ SIN# _____

My Child will be picked up by:

Mother, Father or Other: _____ Cell No: _____

Adapted Transport: _____ Client Number: _____ (Very Important)

Fees: \$6.00 per day

Session 1 (Check or Credit Card)

Starts: Wednesday, August 28th, 2024, **Ends:** Friday, December 20th, 2024

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Total # of days _____ X \$6.00 X 17 weeks Total \$ _____

Session 2. (Check or Credit Card)

Starts: Monday, January 6th, 2025. **Ends:** Friday, June 20th 2025

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Total # of days _____ X \$6.00 X 23 weeks Total \$ _____

If paying by credit card, please fill in the following information.

Credit Card Information

Type of Credit Card _____ (Visa, Master Card...) Name on Credit Card _____

Card Number _____

Expiry Date _____ / _____ CVV Number _____ (3- or 4-digit number on back of card)
Month/Year

Print Name Clearly

I, _____ hereby give Summit School permission to use my credit card for payment towards the Morning Program.

Parents Signature: _____ Date: _____

Check	<input type="checkbox"/>
Credit Card	<input type="checkbox"/>