



Megan Grijalva  
102 1290 Ponderosa  
Sparwood B.C V0B 2G2  
Classroom Cell Phone: 250-278-0430  
Classroom Landline Phone: 778-518-2033  
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## Registration Application September 2026-June 2027 for After School Care

### Programs:

- Fee's are pro-rated meaning on a per month basis on a set amount September 2026- June 2027, accounted for all no school Fridays/stat's/closures/break days.
- After School Care closures also include: emergency school closures due to weather or power outages, etc
- After School Care does not accommodate: Early Dismissal Weeks, or slow entry to Kindergarten our program will still operate, after 2<sup>nd</sup> run drop off, as we operate a PreK program.
- After School Care Snacks are not included. So we encourage to pack a little extra in your child's lunch, or separately in their backpack. We do however have extra dry snacks if your child does run out.
- Fee's are invoiced on the 25<sup>th</sup> of the month, and are due on the 1<sup>st</sup>.

### Routine for After School Care:

3:00pm-3:15pm Close PreK  
3:15pm-3:30pm Teacher Prep & FJM Bus Drops off  
3:30pm-4:00pm Park/Playground Play  
4:00pm-4:15pm Toileting/Washing Hands  
4:15pm-4:30pm Afterschool Snack Time  
4:30pm-5:00pm Homework/Free Expressional Art/Group Games  
5:00pm-5:30pm Center/Busy Bin Play  
5:30pm-5:45pm End of Day Meeting/Clean Up/Quiet Activity

\*Parents can pick up whenever, and do not need to wait until the very end.

\*ALL CHILDREN MUST BE PICKED UP BY 5:45pm

### **ALL FEE'S INCLUDE CHILD CARE FEE REDUCTION INITIATIVE**

#### Kindergarten - Grade 4:

- After School Care KINDERGARTEN Full-Time; \$280/Month
- After School Care GRADE 1+ Full-Time; \$300/Month
- Drop-In After School Care KINGERGARTEN; \$22.00/day
- Drop-In After School Care GRADE 1 +; \$25.00/day

Today's Date: \_\_\_\_\_

Position Applying for: (please Check)

- After School Care KINDERGARTEN Full-Time; \$280/Month
- After School Care GRADE 1+ Full-Time; \$300/Month
- Drop-In After School Care KINGERGARTEN; \$22.00/day
- Drop-In After School Care GRADE 1 +; \$25.00/day

Child Information:

Child's Name:

\_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_  
Day Month Year (Years) (M/F)

Living Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Province: \_\_\_\_

Mailing Address: (If Different):

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Province: \_\_\_\_

Family Information

#1 Guardian/Parent Name:

\_\_\_\_\_  
(First)

\_\_\_\_\_  
(Last)

Relationship to child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

Employment: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Position: \_\_\_\_\_

Employment Address: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

#2 Guardian/Parent Name:

\_\_\_\_\_

(First)

\_\_\_\_\_

(Last)

Relationship to child: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employment: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Position: \_\_\_\_\_

Employment Address: \_\_\_\_\_

\_\_\_\_\_

Special instructions concerning Care, Allergies, Medication, Diet, Childs Development, Special Diagnoses' or Custody/Separated Parents:

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What Grade will your child be in come September 2025?

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Has your Child attended a facility/preschool/daycare/child minding program before:

Yes.  No.

Has your child taken the bus before?

Yes.  No.

What are your Childs Likes: (Food, Toys, Activity):

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What are your Childs Dislikes: (Food, Toys, Activity):

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Anything else we should know about your child?

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Megan's LL Sparwood Kids Corp.  
Megan Verhaeghe-Grijalva (Owner/Operator)  
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Website: [laughandlearnsparwood.ca](http://laughandlearnsparwood.ca)  
Cell: 250-278-0430  
Classroom: 778-518-2033

## Parent/Caregiver Billing Information:

### Information for Invoices & Billing:

Please fill in information for Invoices, after invoices are paid, a receipt is sent to the below email address. Only one email is eligible for billing purposes.

We encourage all parents to keep these for tax purposes.

*Invoices throughout the year are sent by the 25<sup>th</sup> of the month prior, and must be paid by/on the 1<sup>st</sup>.*

Parent Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent Phone Number: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Parent Mailing Address: \_\_\_\_\_

Parent Street Address: \_\_\_\_\_