Princess Margaret Public School
Before-School & After-School Programs

Princess Margaret Public School will continue to provide the Before and After School Program for students whose parents are working or are attending school. Jana Wilkie and a new Co-ordinator will be looking after the program this year.

Before School Program (Grades K – 5) September 2, 2026 to June 25, 2027

The doors will be open for students to be dropped off at 7:30 a.m. and they will remain in the school until 8:40 a.m. at which time they will be sent outside to play with their peers. Students are encouraged to bring a book to read, homework to work on, or simply keep themselves occupied with an activity of personal interest. It is expected that the students eat breakfast prior to attending the program so that they are fully prepared to begin their day.

After School Program (Grades K – 5) September 2, 2026 to June 24, 2027

The program will begin at 3:30 p.m. and run until 5:00 p.m. Children must be picked up by 5:00 p.m. **without exception** and students who are not picked up by a parent or guardian will be denied access to the program. On Friday, there is **no** after school care.

Please fill out the registration on the back of this form if you intend to have your child(ren) included in the Before or After School program and return it to the office. All forms must be received and completed, in full, for students to be allowed to participate in the Before or After School program.

Please provide documentation if there are special custody arrangements for your child.

Sincerely,

Mrs. Michelle Thomas, Principal
Ms. Adie Schenk, Vice-Principal

Saskatchewan Rivers Public School Division
Excellence for Every Learner

Princess Margaret Public School
351 – 13th Avenue East • Prince Albert, SK • S6V 2N3
Phone: (306) 763-5217 Fax: (306) 764-5141

Mrs. Michelle Thomas, Principal
Ms. Adie Schenk, Vice-Principal

Before & After School Program Registration Form 2026-2027

STUDENT PERSONAL INFORMATION

Child's Legal Name: _____

Date of Birth: _____ Age: _____ Grade: _____

Complete Address: _____ Postal Code: _____

Home Phone: _____

Medical Conditions we should be aware of: _____

_____

PARENT OR GUARDIAN PICK-UPS

Relationship: _____

Name: _____

Employer/School: _____

Cell: _____

Emergency Contact Name: _____

Cell: _____

PARENT OR GUARDIAN PICK-UPS

Relationship: _____

Name: _____

Employer/School: _____

Cell: _____

Emergency Contact Name: _____

Cell: _____

I WILL NEED TO REGISTER MY CHILD FOR:

Before School _____ **After School** _____

☐ **Every Week** ☐ **Every 2nd Week** ☐ **Other** _____

I agree to abide by the drop off and pick up times specified and will keep the school informed if any of the contact information on this form changes.

_____

Parent/Guardian Signature