



Interlake School Division
AP 2020-F1 Application for Before and After School / Daycare Programs

PLEASE PRINT

School Requested: _____

APPLICANT: _____ **Contact Person:** _____
Address: _____ **Address:** _____
Telephone: _____ **Telephone:** _____
Email: _____ **Email:** _____

Time(s) and Date(s) of use applied for: _____

Number of children: _____ Minimum \$2,000,000 Liability Insurance is required

☐ Proof of Liability Provided

Names of Supervisors: _____ **Telephone:** _____

Re-application must be made annually by May 30th

Requirements: (Facilities/Equipment)

☐ Gymnasium _____ ☐ Classroom(s) / Other _____
☐ Type and Quantity of Equipment, if required: _____

Office Use Only:

Fee: **Before and After School - \$100/month**
Full Days - \$50/week

TOTAL FEE

Other Terms or Conditions: _____

Application approved by: _____ Date issued (d/m/y): _____ / _____ / _____
Interlake School Division

This is to certify that (I) (My Organization), while occupying said facilities, will provide and be responsible for adequate adult supervision and the security of school property and will abide by all rules, regulations and emergency procedures as established by the school and/or **DIVISION**. I(we) agree to pay for any damages incurred to property and/or equipment and to pay rental fees as outlined. The permit holder (user group) will protect, indemnify and hold harmless the School Division and its agents from all claims for damages that may arise out of the use of buildings or grounds by permit holder. **If liability insurance premium is not indicated above, the applicant, agrees to obtain their own insurance.**

Signed: _____ Date (d/m/y) _____ / _____ / _____

Payment by cheque must be made payable to the Interlake School Division
All applications must be forwarded to the Division Office prior to the use of the facility, attention to:

Jocelyn Derksen - Community Relations
Phone: 204-467-5100 / Fax 204-467-8334
jderksen@isd21.mb.ca
192-2nd Ave North, Stonewall