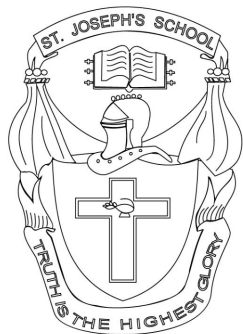


# Before and After School Care

## Registration Form



*Office use only:*

Date Received: \_\_\_\_\_

\$25.00 Application Fee Received:

Child's LAST Name: \_\_\_\_\_ Given Names: \_\_\_\_\_

Name Child responds to: \_\_\_\_\_

Gender: Male  Female  Birthdate:

Desired Date of Enrollment:     
yy mm dd

Child's First Language: \_\_\_\_\_

What level of English does your child understand to follow directions?

Average for Age

Little

Type of Care Required:

Care Required On:       
M T W TH F

Hours Required: \_\_\_\_\_

Before School Care:  7:30 AM - 8:20 AM

After School Care:  3:20 PM - 6:00 PM  
 2:00 PM - 6:00 PM (early dismissal days)

One month's written notice is required if you withdraw your child from the Child Care Program. If this notice is not received you will be charged an additional month's fees. Upon acceptance, a direct debit form and a void cheque must be on file in the school office.

**Please note:** Before and After School Care charges are an annual fee which have been divided into 10 equal monthly payments. There are no reductions for shorter months or holidays.

**One form must be completed for each child.**

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

Date of Enrollment: \_\_\_\_\_

Date of Termination: \_\_\_\_\_

Care Card Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

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

**PARENT(S)/GUARDIAN INFORMATION**

<b>Mother's/Guardian's Full Name:</b>	
Address:	
Phone: (home)	Phone: (work)
Place of Work:	

<b>Father's/Guardian's Full Name:</b>	
Address:	
Phone: (home)	Phone: (work)
Place of Work:	

**PERSONS AUTHORIZED TO CARE FOR YOUR CHILD AND CONTACT IN EMERGENCY**  
(other than Parent(s)/Guardian)

<b>NAME</b>	<b>TELEPHONE NUMBER</b>

**PERSONS NOT AUTHORIZED TO CARE FOR YOUR CHILD AND CONTACT IN EMERGENCY**

<b>NAME</b>	<b>TELEPHONE NUMBER</b>

**Custody Orders:** No  Yes  (Attach Documentation)

**One form must be completed for each child.**