



2024-2025

Before and After School Registration

Family name: _____

Child's first name	Birthdate	Grade

Type of Care Required:

Fulltime Care (5 days) *Please note: when signing up for full time care, you will be charged even when your child is absent from the program. We require one (1) month's notice if you are no longer requiring care.

_____ (initial once read)

AM & PM \$12.00 /day _____ AM \$8.00/day _____ PM \$8.00/day _____

Casual Care (Must be paid upon pick-up or drop off next morning)

\$16.00/day _____

Payment Method: Cash Cheque Pre-authorized bank debit (EFT)

Family Information:

Mother's name: _____ Cell phone: _____

Home address: _____ Email: _____

Father's name: _____ Cell phone: _____

Home address: _____ Email: _____

Emergency Contact(s)/Authorized to Pick-up *used when parents cannot be reached

Full name	Phone number(s)

Medical Information:

If your child has allergies, medical conditions or is on regular medication please list below:

****The Before and After School Program ends at 5:30pm. A late pickup fee charge of \$5.00 for every 5 minutes (or portion thereof) will be charged after this time.**

_____ *(initial once read)*

I hereby acknowledge and confirm that the above information is true and accurate. I will inform before and aftercare of any changes.

Name (please print)

Date: _____

Signature