

# Cayman Prep and High School



## After School Care Registration Form 2019 - 2020

Name of Child: \_\_\_\_\_ Class: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Class: \_\_\_\_\_

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Day/s you intend for your child to attend:

Monday  Pick up time: \_\_\_\_\_ Collected by: \_\_\_\_\_

Tuesday  Pick up time: \_\_\_\_\_ Collected by: \_\_\_\_\_

Wednesday  Pick up time: \_\_\_\_\_ Collected by: \_\_\_\_\_

Thursday  Pick up time: \_\_\_\_\_ Collected by: \_\_\_\_\_

Friday  Pick up time: \_\_\_\_\_ Collected by: \_\_\_\_\_

Additional Information: \_\_\_\_\_

### Emergency Contact Information

Mother: \_\_\_\_\_ Phones: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Father: \_\_\_\_\_ Phones: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Name of person to be contacted in an emergency when the parents/guardians cannot be contacted:

Name: \_\_\_\_\_ Phones: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Name: \_\_\_\_\_ Phones: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

I hereby acknowledge that I have read and understood the 2019 After School Care Programme information, and understand that the specified late fees will apply if collection is after 5:30pm.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Office to attach copy of Primary Parental Consent Form