



After School Care Registration Form 2023/2024

Name of Child: _____	Class: _____
Name of Child: _____	Class: _____
Name of Child: _____	Class: _____
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 After School Care Program Policy and information regarding fees.

Signature of parent/guardian: _____ **Date:** _____

Office to attach copy of Primary Parental Consent Form