



After School Care Registration Form 2024/2025

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