



After School Care Registration Form 2025/2026

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