



## After School Care Registration Form 2026/2027

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**