

# Before and After School Care Application Form



Before School Program: 7:15 a.m. to 8:45 a.m. | After School Program: 3:45 p.m. to 5:00 p.m.  
Before and After School Care will be billed at the end of the month based on usage, parents will receive an invoice via email.  
If a student is picked up after 5:00pm, a late pickup fee will be applied to the invoice.

## STUDENT INFORMATION

NAME	First Name				Last Name
DATE OF BIRTH	Month	Day	Year		
GENDER	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other _____		
GRADE	<input type="checkbox"/> JK	<input type="checkbox"/> SK	<input type="checkbox"/> Grade 1	<input type="checkbox"/> Grade 2	<input type="checkbox"/> Grade 3
	<input type="checkbox"/> Grade 4	<input type="checkbox"/> Grade 5	<input type="checkbox"/> Grade 6	<input type="checkbox"/> Grade 7	<input type="checkbox"/> Grade 8
APPLYING FOR	<input type="checkbox"/> Before & After School	<input type="checkbox"/> Before School Only	<input type="checkbox"/> After School Only		
DAYS OF THE WEEK	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday

Please list any allergies or medical concerns.

## ADDITIONAL STUDENT INFORMATION

NAME	First Name				Last Name
DATE OF BIRTH	Month	Day	Year		
GENDER	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other _____		
GRADE	<input type="checkbox"/> JK	<input type="checkbox"/> SK	<input type="checkbox"/> Grade 1	<input type="checkbox"/> Grade 2	<input type="checkbox"/> Grade 3
	<input type="checkbox"/> Grade 4	<input type="checkbox"/> Grade 5	<input type="checkbox"/> Grade 6	<input type="checkbox"/> Grade 7	<input type="checkbox"/> Grade 8
APPLYING FOR	<input type="checkbox"/> Before & After School	<input type="checkbox"/> Before School Only	<input type="checkbox"/> After School Only		
DAYS OF THE WEEK	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday

Please list any allergies or medical concerns.

## EMERGENCY CONTACT

In case of an emergency, I give permission for my child to receive medical treatment. In case of such emergency, please contact:

NAME First Name \_\_\_\_\_ Last Name \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

NAME First Name \_\_\_\_\_ Last Name \_\_\_\_\_

RELATIONSHIP TO STUDENT  Mother  Father  Step-mother  Step-father  
 Grandparent  Guardian  Other \_\_\_\_\_

ADDRESS Number/Street \_\_\_\_\_ Apartment \_\_\_\_\_  
City \_\_\_\_\_ Province/Territory \_\_\_\_\_ Postal Code \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PHONE NUMBER Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

EMPLOYER Name \_\_\_\_\_ Occupation \_\_\_\_\_

## PERSON(S) PERMITTED TO DROP OFF/PICK UP IN ADDITION TO THE PRIMARY PARENT/GUARDIAN

NAME First Name \_\_\_\_\_ Last Name \_\_\_\_\_

RELATIONSHIP TO STUDENT  Step-Parent  Family Member  Care Giver  Other \_\_\_\_\_

PHONE NUMBER Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

NAME First Name \_\_\_\_\_ Last Name \_\_\_\_\_

RELATIONSHIP TO STUDENT  Step-Parent  Family Member  Care Giver  Other \_\_\_\_\_

PHONE NUMBER Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

By signing below, I certify all information is true and correct to the best of my knowledge.

PARENTS NAME First Name \_\_\_\_\_ Last Name \_\_\_\_\_

PARENTS SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_