LAKEVIEW EXTENDED SCHOOL DAY PROGRAM INC.
BEFORE & AFTER SCHOOL REGISTRATION FORM
2020 - 2021

PARENTS / GUARDIANS NAMES____________________________________________________________

STREET ADDRESS_____________________________________________________________________

CITY____________________ PROVINCE____________________ POSTAL CODE____________

PHONE NUMBERS: HOME____________________ MOTHER’S WORK____________________
MOM CELL____________________ FATHER’S WORK____________________
DAD CELL____________________ E-MAIL________________________________

CHILDREN’S NAME(s) | GRADE | TEACHER’S NAME | HOSPITALIZATION # | BIRTHDAY
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|       |       |               |                    |                    |
|       |       |               |                    |                    |
|       |       |               |                    |                    |
|       |       |               |                    |                    |

PLACE A CHECK BESIDE THE DAYS YOU EXPECT YOUR CHILDREN TO ATTEND EACH WEEK

PLEASE INDICATE FREQUENCY BY CIRCLING DAILY OR CASUAL

DAILY or CASUAL MONDAY AM____ TUESDAY AM____ WEDNESDAY AM____ THURSDAY AM____ FRIDAY AM____
DAILY or CASUAL MONDAY PM____ TUESDAY PM____ WEDNESDAY PM____ THURSDAY PM____ FRIDAY PM____

PEOPLE IN WHOSE CUSTODY WE CAN DISMISS YOUR CHILDREN (PLEASE PROVIDE CUSTODY AGREEMENT IF APPLICABLE)

_____________________________________________________________________________________
_____________________________________________________________________________________

DOCTOR’S NAME AND PHONE NUMBER

_____________________________________________________________________________________  

MEDICAL OR OTHER PROBLEMS THAT STAFF SHOULD BE AWARE OF AND CARE NEEDED

_____________________________________________________________________________________  
_____________________________________________________________________________________  

ALLERGIES (FOOD OR MEDICATION- PLEASE DESCRIBE IN DETAIL)

_____________________________________________________________________________________  
_____________________________________________________________________________________  
_____________________________________________________________________________________  

AN EMERGENCY CONTACT PERSON WE CAN CONTACT IF A PARENT CANNOT BE REACHED

NAME_______________________________________________________________________________

ADDRESS____________________________________________________________________________ PHONE NO._________________________________