

**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** \_\_\_\_\_

<b>CHILDREN'S NAME(s)</b>	<b>GRADE</b>	<b>TEACHER'S NAME</b>	<b>HOSPITALIZATION #</b>	<b>BIRTHDAY</b>

**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.** \_\_\_\_\_