



LAKEVIEW EXTENDED SCHOOL DAY PROGRAM INC.
BEFORE & AFTER SCHOOL REGISTRATION FORM
2024 - 2025

PARENTS / GUARDIANS NAMES _____

STREET ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

PHONE NUMBERS: HOME _____ MOTHER'S WORK _____

MOM CELL _____ FATHER'S WORK _____

DAD CELL _____ E-MAIL _____

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

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. _____