

**LAKEVIEW EXTENDED SCHOOL DAY PROGRAM INC.
BEFORE & AFTER SCHOOL REGISTRATION FORM
2019 - 2020**

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> |
|---------------------------|--------------|-----------------------|--------------------------|-----------------|
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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. _____