

# CCS - HAMILTON AFTER SCHOOL CARE REGISTRATION FORM

CCS ASC involves organized, supervised care for children staying after school from 3:30 up to 5:30 p.m. Interested parents must register annually. This program provides:

- supervised recreational and play time usually inside the school or on the playground
- partly supervised quiet areas for students to read or complete homework
- a light nutritious snack

The fee is \$6/student per session; \$1/minute after 5:30. Payments are due monthly.

If this program interests you, please indicate (x) which situation best applies to you:

- My child(ren) will be attending regularly, 3 to 5 days per school week:
- My child(ren) will be attending occasionally, 1-2 days per school week:
- My child(ren) will be attending only as needed; we will call the office by 3 pm:

### Please provide the following contact information:

Parents 1<sup>st</sup> and Last Names: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### Telephone Numbers (including area codes):

Home phone: \_\_\_\_\_

Dad's work: \_\_\_\_\_

Dad's cell: \_\_\_\_\_

Mom's work: \_\_\_\_\_

Mom's cell: \_\_\_\_\_

Name of Alternate Pick up Person #1 : \_\_\_\_\_

Phone and cell numbers: \_\_\_\_\_

Name of Alternate Pick up Person #2: \_\_\_\_\_

Phone and cell numbers: \_\_\_\_\_

What is your email address: \_\_\_\_\_

Doctor's name and phone number \_\_\_\_\_

What is the family code word to ensure the correct adult comes to pick up the child?

\_\_\_\_\_

**Children requiring care:**

Name (first and last)	Gender	Birth date (Mon/Day/Year)	Grade	Health Card Number (optional)

**Please detail things we need to know including special arrangements, medical information, allergies or special needs.**

Indicate the **TIME** you are likely to pick up your child(ren) for each day registered.

<i><b>NAME of Child</b></i>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>

PARENT(S) SIGNATURE(S) \_\_\_\_\_

DATE: \_\_\_\_\_