

CCS - HAMILTON AFTER SCHOOL CARE REGISTRATION FORM

The CCS ASC program 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 1st 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 (M/D/Y)	Grade & Class	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>NAME of Child</i>	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

PARENT(S) SIGNATURE(S) _____

DATE: _____