



After-School Program Family Information

Please Print

Date: _____

Note: Please complete and return asap – one form per family household each September or at enrolment

Please keep us informed to any changes in the following information

Homework expectations for your children: Done at After School Program Yes ☐ No ☐

Child #1: _____ Date of Birth: _____
(Circle preferred name) Last Name Given Names Day/Month/Year

Child #2: _____ Date of Birth: _____
(Circle preferred name) Last Name Given Names Day/Month/Year

Child #3: _____ Date of Birth: _____
(Circle preferred name) Last Name Given Names Day/Month/Year

Parent 1/Guardian Contact

Name: _____
Email: _____
Cell: _____
Workplace: _____
Business Phone: _____
Home Phone: _____
Mailing Address: _____

Parent 2/Guardian Contact

Name: _____
Email: _____
Cell: _____
Workplace: _____
Business Phone: _____
Home Phone: _____
Mailing Address: _____

Children live with: Both Parents ☐ Parent 1 Only ☐ Parent 2 Only ☐ Shared Custody ☐ Guardian ☐

Is there a Parenting Plan? Yes ☐ No ☐ (if yes, please provide a copy for your child's file)

Tax Receipt Recipient: _____ (if not specified the receipt will be made out to both parents)

Other people authorized to pick up (please print for easy recognition, photo ID may be requested)

Name: _____ Name: _____ Name: _____

Emergency Contacts (if unable to reach parents and in order of preference for calling)

1. Name: _____ Home _____ Other _____

2. Name: _____ Home _____ Other _____

Additional Information: (ie: allergies, medical conditions, etc) Please use reverse if more space is required

I give permission for my home phone number and child's name to be used on a class friends list ☐

I give permission for my child's image to be used for advertising purposes and/or place on our website ☐

I give permission for my child's image to be used on **internal** boards ☐