

CCS - HAMILTON AFTER SCHOOL CARE REGISTRATION FORM

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

This program provides your child(ren) with the following:

- 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 \$8/child per session for the first two children; \$4 per session for the third child and no extra cost for more than three children. Surcharge of \$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,
- 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?

730.1

Children requiring care:

| Name (First and Last) | Gender | Birth date (mm/dd/yy) | Grade & Class | Health Card Number (optional) |
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Please detail things we need to know, including special arrangements, medical information, allergies or special needs.

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

| NAME of Child | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|---------------|--------|---------|-----------|----------|--------|
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**The CCS ASC program is subject to all the school COVID-19 protocols necessary to keep our students safe.
The above is subject to change due to COVID-19.**

PARENT(S) SIGNATURE(S) _____

DATE: _____