CCS - HAMILTON BEFORE SCHOOL CARE (BSC) REGISTRATION FORM

The CCS BSC program involves organized, supervised care for CCS students staying before school as early as 7:30 a.m. until 8:30 a.m. Interested parents must register annually. This program provides your children 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

The fee is \$8.00/child per full session and \$6.00 for part session only (after 8:00 a.m.). Payments are due monthly.

Important: Please escort your child into the school building each morning.

If you are interested in the BSC program please indicate which campus attending.	your child Unity		be t 5th
attorialing.			
Please indicate (x) which situation best applies to you.		Arriv before 8:00	_
• My child(ren) will be attending regularly, 3 to 5 mornings per school w	eek:		
• My child(ren) will be attending <u>occasionally</u> , 1-2 mornings per school	week:		
 My child(ren) will be attending only as needed. 			
Please provide the following contact information: Parents first 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 Drop - Off Person #1 :			
Phone and cell numbers:			
Name of Drop - Off Person #2:			
Phone and cell numbers:			
What is your email address:			
Doctor's name and phone number:			
What is the family code word in case there are unexpected change	s to routir	nes?	

730.2 **Children requiring care**:

Name (First and Last)	Gender	Birth date (mm/dd/yy)	Grade & Class	Health Card Number

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ase detail things w	e need to kno	w, including s	pecial arrange	ements, medic	al
rmation, allergies	or special nee	ds.			
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NAME of Child	MONDAY	TUESDAY	· · · · · · · · · · · · · · · · · · ·	, . 	FRIDA
-	MONDAY	TUESDAY	· · · · · · · · · · · · · · · · · · ·	, . 	FRIDA