CCS - HAMILTON <u>AFTER SCHOOL CARE (ASC)</u> 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 $11/child per session for the first two children; $7 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 you are interested in the ASC program please indicate which campus your children will be attending.   **Unity   West 5th**

                                                                                                        ☐   ☐

If this program interests you, please indicate (x) which situation best applies to you:
● My child(ren) will be attending <u>regularly</u>,   ☐
● My child(ren) will be attending <u>occasionally</u>, 1-2 days per school week: ☐
● My child(ren) will be attending <u>only as needed</u>; we will call the office by 3 pm: ☐

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 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)

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.

NAME of Child	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

PARENT(S) SIGNATURE(S) _____ _____

DATE: _____