

Lawrencetown Consolidated School

After School Program

Registration Form

Child's Name	
Child's Birthdate	
Parent/Guardian Name(s)	
Parent/Guardian Phone Number(s)	(H) (W) (C)
Home Address (Civic)	
Emergency Contact Name	
Emergency Contact Phone Number(s)	(H) (W) (C)
Health Card Number Expiry Date	
In case of emergency, if we cannot contact you or the emergency contact person, and the coordinator feels that 911 assistance is warranted, they will call 911 for medical help.	Please initial below to indicate that you are aware of our emergency policy. _____
Before School Care Days	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
After School Care Days	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
I agree that photos of my child participating in the program may be used for promotional materials.	<input type="checkbox"/> YES <input type="checkbox"/> NO