



AFTER SCHOOL PROGRAM

PLEASE **FILL OUT ONE FORM PER CHILD**

NAME OF STUDENT: _____

GRADE: _____

Please check the appropriate boxes:

Afterschool Programs begin at 3:30pm until 5:00pm.

☐ Monday ☐ Tuesday ☐ Thursday

Does this child have siblings at the school? ☐ Yes ☐ No

☐ Homework Club ☐ French Language Learning
☐ Arts and Culture ☐ English Language Learning

NOTE: The school reserves the right to cancel a program due to low enrolment.

*Please provide your child with an afternoon snack.

Will you child be taking the school bus home? ☐ Yes ☐ No

EMERGENCY CONTACT NUMBERS:

HOME: _____

WORK: _____

MOBILE: _____

OTHER: _____

NAME OF PARENT: _____

SIGNATURE: _____ **DATE:** _____

NOTE: There are no refunds due to absences.