



LAKEVIEW EXTENDED SCHOOL DAY PROGRAM INC.  
BEFORE & AFTER SCHOOL REGISTRATION FORM  
2025 - 2026

PARENTS / GUARDIANS NAMES \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

CONTACT INFORMATION: MOM CELL \_\_\_\_\_ MOM WORK \_\_\_\_\_

DAD CELL \_\_\_\_\_ DAD WORK \_\_\_\_\_

OTHER # \_\_\_\_\_ OTHER # \_\_\_\_\_

EMAIL \_\_\_\_\_

<u>CHILDREN'S NAME(S)</u>	<u>GRADE</u>	<u>TEACHER'S NAME</u>	<u>HOSPITALIZATION #</u>	<u>BIRTHDAY</u>

**PLACE A CHECK BESIDE THE DAYS YOU EXPECT YOUR CHILDREN TO ATTEND EACH WEEK**

**PLEASE INDICATE FREQUENCY BY CIRCLING DAILY OR CASUAL**

DAILY OR CASUAL MONDAY AM \_\_\_\_\_ TUESDAY AM \_\_\_\_\_ WEDNESDAY AM \_\_\_\_\_ THURSDAY AM \_\_\_\_\_ FRIDAY AM \_\_\_\_\_

DAILY OR CASUAL MONDAY PM \_\_\_\_\_ TUESDAY PM \_\_\_\_\_ WEDNESDAY PM \_\_\_\_\_ THURSDAY PM \_\_\_\_\_ FRIDAY PM \_\_\_\_\_

**PEOPLE IN WHOSE CUSTODY WE CAN DISMISS YOUR CHILDREN (PLEASE PROVIDE CUSTODY AGREEMENT IF APPLICABLE)**

\_\_\_\_\_  
\_\_\_\_\_

**DOCTOR'S NAME AND PHONE NUMBER**

\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL OR OTHER PROBLEMS THAT STAFF SHOULD BE AWARE OF AND CARE NEEDED**

\_\_\_\_\_  
\_\_\_\_\_

**ALLERGIES (FOOD OR MEDICATION- PLEASE DESCRIBE IN DETAIL)**

\_\_\_\_\_  
\_\_\_\_\_

**AN EMERGENCY CONTACT PERSON WE CAN CONTACT IF A PARENT CANNOT BE REACHED**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NO. \_\_\_\_\_