



# Halton District School Board

## EXTENDED DAY PROGRAM REGISTRATION FORM

Complete and return to the address indicated at the end of the form with a non-refundable deposit of \$75 to secure your child's space in the program. The outstanding balance of fees for the month is also due upon enrolment, as per the payment schedule. Please refer to the Extended Day Program Parent Handbook for the complete Payment Policy.

Child's Name: \_\_\_\_\_ Date of Birth (yy/mm/dd): \_\_\_\_\_

Name of Elementary School: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone: (     ) \_\_\_\_\_

<b>Extended Day Program Registration</b>			
Please indicate when you require care. The Extended Day Program will open at 7:00am and will close at 6:00pm each day.			
<b>Before School Care Only</b>	<b>Monday to Friday</b>	<b>\$53 per week</b>	<input type="checkbox"/>
<b>After School Care Only</b>	<b>Monday to Friday</b>	<b>\$72 per week</b>	<input type="checkbox"/>
<b>Before &amp; After School</b>	<b>Monday to Friday</b>	<b>\$125 per week</b>	<input type="checkbox"/>

<b>Parent / Guardian 1 Information</b>	
Name of Parent:	_____
Relationship to Child:	_____
Home Address: same as above <input type="checkbox"/>	_____
City / Town:	_____ Postal Code: _____
Home Tel: (     )	_____ Cell: (     ) _____
Email Address:	_____
Work Address:	_____
City / Town:	_____ Tel: (     ) _____

**Parent / Guardian 2 Information**

Name of Parent: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Address: same as above   
\_\_\_\_\_

City / Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Tel: (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

City / Town: \_\_\_\_\_ Tel: (    ) \_\_\_\_\_

**Medical Information**

Does your child have any allergies?                      Yes                      No

Please list all food/environmental allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is an Epi Pen required?                      Yes                      No

If “Yes”, please ensure you complete a **Medication Authorization** form.

Does your child have any medical conditions?                      Yes                      No

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Emergency Contact Information

Please list two contacts other than Parents/Guardians that may be reached in the case of emergency and Parents/Guardians cannot be contacted.

### Emergency Contact 1 Information

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

City / Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Tel: (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

City / Town: \_\_\_\_\_ Tel: (    ) \_\_\_\_\_

### Emergency Contact 2 Information

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

City / Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Tel: (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

City / Town: \_\_\_\_\_ Tel: (    ) \_\_\_\_\_

### Authorized Pick Up List

Please list the names of persons authorized to pick up your child from the extended day program.

Please make sure program staff are aware of any alternate pick up arrangements for your child. This person must be at least 18 years of age or older. In the interest of safety, no child will be released to an individual without prior consent from the parent/guardian. In order to verify the identity of the individual picking up your child, we will require a piece of photo ID before your child will be released.

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

### Additional Information

### All cheques must be made payable to the HALTON DISTRICT SCHOOL BOARD

Please return the cheque and form to: **Halton District School Board  
PO Box 5005 Stn LCD 1  
Burlington, ON  
L7R 3Z2  
Attn: Susan Thrasher, ECE Assistant**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note that this information and any other personal information about your son/daughter is collected, retained, used and disclosed pursuant to sections 28, 29, 30, 31 and 32 of the *Municipal Freedom of Information and Protection of Privacy Act* for the purpose of fulfilling the Board's responsibilities as set out in the *Education Act*, Regulations and Ministry of Education Policies, Procedures, Standards and Guidelines.**