



Registration for After School Programs

Students Name: _____ Grade: _____

Contact #1 Name: _____ Contact #: _____

Contact #2 Name: _____ Contact #: _____

Email to confirm Registration: _____

Does your child have any allergies? _____

Check off which programs you are registering for:

- **Monday Program: Board Games Gr. 1-5** *pick up: Multi-Purpose Door
Time: 2:22-3:45pm Cost: Free
- **Tuesday Program: Center Fun for Gr. 3-5** * pick up: Pre-School Door
Time: 2:22-3:45pm Cost: Free
- **Wednesday Program: Jewelry & Rainbow Loom Gr.3-5** *pick up: Multi-Purpose Door
Time: 2:22-3:45pm Cost: Free
- **Thursday Program: Center fun for Gr. 1** *pick up: Pre-School Door
Time: 2:22-3:45pm Cost: Free

**We will contact via email to confirm registration.*

**Your child must be picked up at 3:45pm when the program ends.*

Does your child have permission to walk home after the program? Yes or No (circle)

If **YES** please complete the following: I, _____ give permission
(Guardian name)
for _____ to walk home alone after program.
(student's name)

CCECSS Membership: By registering your child in a CCECSS program, you become a member of CCECSS. This means you can attend the Annual General Meeting, give suggestions and feedback to our society to ensure we continue to meet the needs of our community.

Cancellation Policy: We may have to cancel programs due to several reasons (registration numbers, staff illness, weather, etc.). We will contact families via email to give notice of this and notify the school office.

Donations: As a Not-for-Profit Society, we work to keep program fees as low as possible. Donations are accepted by cash, e-transfer (donations@ccecass.ca) or cheque if you wish to contribute to supporting CCECSS.

I have read and understand the above. In addition, I hereby consent for the participant named above, if ill or injured, to be taken to the nearest Emergency Centre by CCECSS staff by ambulance when I cannot be contacted.

Guardian Signature: _____ Date: _____