

# POB CHILD CARE PROGRAM 2019-20 REGISTRATION FORM ELEMENTARY

*Office use only*

Reg. Fee \_\_\_\_\_

Ck# \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_  
LAST FIRST

HOME ADDRESS \_\_\_\_\_  
NUMBER & STREET TOWN

HOME PHONE # \_\_\_\_\_ WORK # \_\_\_\_\_ CELL # \_\_\_\_\_

SCHOOL ATTENDING \_\_\_\_\_ GRADE \_\_\_\_\_ TEACHER \_\_\_\_\_

PARENT'S NAME(S) \_\_\_\_\_  
 (\*PLEASE ADVISE IF NAME ON CHECK IS DIFFERENT THAN CHILD'S LAST NAME)

PARENT'S SIGNATURE \_\_\_\_\_ EMAIL \_\_\_\_\_

REQUESTED DATE CHILD IS TO BEGIN PROGRAM: \_\_\_\_\_

## BEFORE SCHOOL PROGRAM

**AM HOURS DESIRED:** (Please indicate the drop-off times. Program begins at 7:00 AM.\* Any drop-off prior to 8:00 AM counts towards 7:00 AM hour.)

	DROP-OFF TIME	
MONDAY	7:00	8:00
TUESDAY	7:00	8:00
WEDNESDAY	7:00	8:00
THURSDAY	7:00	8:00
FRIDAY	7:00	8:00

## AFTER SCHOOL PROGRAM

**PM HOURS DESIRED:** (Please indicate corresponding pick-up times to your child's school. \* A \$10 extra hour fee will apply to any hours after registered time. A \$25/Hr surcharge applies for pick-ups beyond the close of child care.)

	ELEMENTARY SCHOOLS		
MONDAY	4:15	5:15	6:15
TUESDAY	4:15	5:15	6:15
WEDNESDAY	4:15	5:15	6:15
THURSDAY	4:15	5:15	6:15
FRIDAY	4:15	5:15	6:15