

After School Care Registration

Child's full name: _____

Date of birth: _____

Allergies/Medication?: _____

Any additional information/ behaviour traits we should know:(flight risks, aggression , shy etc...)

Parent/Guardian full name: _____

Phone number: _____

Email: _____

Other Parent/Guardian full name: _____

Phone number: _____

Email: _____

Transportation : Yes No

If yes...

School: _____

Time of pick up: _____

Do they need a booster seat? _____

Will your child be needing transportation everyday? _____

What days will your child be attending?

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Out of the offered classes what will they be taking?

- Monday- Jazz Day
- Tuesday- Ballet Day
- Wednesday -hip hop day
- Thursday- Acro day
- Friday- singing & acting

Will your child be participating in our shows if taking classes, if so what classes?

- Monday- Jazz Day
- Tuesday- Ballet Day
- Wednesday -hip hop day
- Thursday- Acro day
- Friday- singing & acting

Emergency contact:

Full name: _____

phone number: _____

Email: _____

relationship to child: _____

What time will you pick up? (latest 5:30pm, unless in other classes) _____

Who is allowed to drop off and pick up your child?

Who is NOT allowed to drop off or pick up your child?
