



BON ACCORD OUT OF SCHOOL CARE

2011 - 2012
APPLICATION

PARENTS INFORMATION		
MOTHERS FIRST NAME:		MOTHERS LAST NAME:
STREET ADDRESS:		MAILING ADDRESS:
HOME PHONE:	CELL PHONE:	WORK PHONE:
MOTHER'S EMPLOYER:		MOTHER'S EMPLOYER'S ADDRESS:
FATHERS FIRST NAME:		FATHERS LAST NAME:
STREET ADDRESS:		MAILING ADDRESS:
HOME PHONE:	CELL PHONE:	WORK PHONE:
FATHER'S EMPLOYER:		FATHER'S EMPLOYER'S ADDRESS:

CHILD(REN)'S INFORMATION				
CHILD RESIDES WITH (CIRCLE ONE):		MOTHER	FATHER	BOTH
NAME OF CHILD(REN) IN THE PROGRAM	DATE OF BIRTH (M/D/Y)	SCHOOL ATTENDING & CURRENT GRADE		A.H.C. #
1.				
2.				
3.				
WHEN WILL YOU USE THE OUT OF SCHOOL CARE PROGRAM? (CIRCLE ONE)		A.M.	(PARENTS ARE ASKED TO PROVIDE A SCHEDULE IN ADVANCE AS FAR IN ADVANCE AS POSSIBLE) MONDAY / TUESDAY / WEDNESDAY / THURSDAY / FRIDAY	
		P.M.		



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SIBLINGS	AGE	SCHOOL ATTENDING & CURRENT GRADE
1.		
2.		
3.		
IN CASE OF EMERGENCY		
These should be local people in addition to parents (parents will always be the first contact)		
NAME:	ADDRESS:	PHONE: ALTERNATE PHONE:
NAME:	ADDRESS:	PHONE: ALTERNATE PHONE:
PERSONS OTHER THAN PARENT ALLOWED TO PICK UP CHILD		
Your child will not be released to anyone unless we have written permission prior to the occasion. PLEASE NOTE: This will be a person who will pick up your child if you are unable to. It may be a neighbor or a babysitter or a relative who will occasionally pick up your child. You should list at least one neighbor or friend who lives within a 20 km radius of Bon Accord and would be willing to pick up your child should you not be able to make it back to Bon Accord by 6:00 p.m. Please be sure you have contacted these people and that they are aware they have been listed.		
NAME	PHONE NUMBER	
1.		
2.		
3.		
Is there anyone you <i>DO NOT</i> want to pick up your child?		