

# Bonne École Elementary Child Care Registration Form

Please indicate which program(s) your child will attend.

\_\_\_\_\_ Before Care      \_\_\_\_\_ After Care      \_\_\_\_\_ Both

Name of Student \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Parents/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Names and Numbers

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate anything we should know about your child. (Allergies, medications, etc)

\_\_\_\_\_  
\_\_\_\_\_

If anyone other than a parent or guardian is to pick up your child, please give the name, relationship and phone number of that person.

\_\_\_\_\_  
\_\_\_\_\_

For your child's safety, no one else may pick up your child unless we are notified in advance in writing.