

Shellbrook Before and After School Program
Registration Form 2012-2013
 Town of Shellbrook

Child Information (Please Print)

Child 1: _____ Grade: _____
 Child 2: _____ Grade: _____
 Child 3: _____ Grade: _____

Parent/Guardian: _____
 PO Box #: _____ Town: _____
 Postal Code: _____ Daytime Phone: _____
 Nighttime Phone: _____ Cell Phone: _____
 Email Address: _____

Additional Parent/Guardian (if Applicable):
 PO Box #: _____ Town: _____
 Postal Code: _____ Daytime Phone: _____
 Nighttime Phone: _____ Cell Phone: _____
 Email Address: _____

Pick-Up List (this is the list of contacts that will be picking up the child at the end of the program):

Name: _____ Relationship: _____ Phone: _____
 Name: _____ Relationship: _____ Phone: _____
 Name: _____ Relationship: _____ Phone: _____

Payment Information

Fee Type	Fee Amount	# of Children	# of Months	Total Owing
Registration Fee	\$25.00/family/year	N/A	N/A	\$25.00
Program Spot	\$110.00/Month		X 10	
PLC Days	\$25/day		X	
Total Owing				\$

Cheques made payable to the **Town of Shellbrook**

Official Use Only:

Paid: (circle) Y/N	Pmt Type: (circle) Cash/Cheque	Receipt Number:
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