

EXTENDED CARE REGISTRATION
2024-25

Parents _____ **Phone** _____

Child(ren) _____ **Grade** _____

_____ **Grade** _____

_____ **Grade** _____

My children will be attending care:

_____ **Before School most days** _____ **Before School occasionally**

_____ **After School most days** _____ **After School occasionally**

_____ I have received the Parent Handbook for North American Martyrs Extended Care Program. I understand and agree to follow the guidelines of the program.

Parent Signature

Date