



Before-and-After School in Manor Park

September 2025-June 2026 **Kindergarten** Registration Form

I have registered my child on the Child Care Registry & Waitlist (CCRAW)

Child's Name _____ Gender _____ Date of Birth MM / DD / YYYY Grade _____ School _____ <small>(JK or SK in September)</small> Details of Medical Conditions or Allergies/Food Preferences _____ _____ Is your child supported by outside agencies? (CAS, CISS, CHEO, OCTC) <input type="checkbox"/> No - <input type="checkbox"/> Yes (specify: _____) Is your child receiving educational supports in school (IEP, Learning support teacher resources, behaviour consultant) <input type="checkbox"/> No - <input type="checkbox"/> Yes	Attach Photo of Child Here
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	Parent/Guardian	Parent/Guardian
Name		
Address		
Postal Code		
Phone (c & h)		
E-mail		
Employer		
Work Address		
Phone (w)		
Custody arrangements, if any:		

Program	Time	Days of Week	Cost
Before - School	7:15 am – 8:30 am On Instructional OCDSB Days	Monday to Friday	<input type="checkbox"/> My child will attend morning care <input type="checkbox"/> My child will NOT attend morning care
After - School	3:00 pm – 6:00 pm On Instructional OCDSB Days	Monday to Friday	<input type="checkbox"/> \$404.84 per month (includes both morning and aftercare)

	Emergency Contact <small>(other than parents)</small>	Pick-Up List <small>(person(s) to whom child can be released other than parents)</small>
Name		
Phone (c)		
Phone (w)		

Consent to Photograph your Child: Photographs may be taken of children while attending Before -and- After School in Manor Park. Photographs may be used on MPCC social media, pedagogical documentation, newsletters and/or for promotional purposes. I DO NOT want images of my child(ren) used as indicated.

Consent to receive Promotional Emails: I DO NOT want to receive promotional emails from the MPCC

I have read the Before-and-After School in Manor Park Parent Handbook, found on the MPCC website; which outlines all program policies and I accept the conditions. I consent to receiving emails from this program. By signing below, I authorize the MPCC to collect and use the personal information on this form for the purpose of the management and administration of the program. I authorize the MPCC to disclose such personal information to third parties, as may be required for this purpose, including legal and insurance companies. The MPCC may also be required or permitted to disclose such personal information pursuant to relevant privacy or other laws.

I agree to abide by the rules and regulations, policies and procedure of the MPCC.

Signature of Parent/Guardian: _____ Date: MM / DD / YYYY

For office use only:
 Pre-Authorized Debit Payments:
 Other/subsidy: