

Before and After School Program Schedule Agreement 2023 2024 School Year

Section 2 - Schedule - One page per student, print additional pages as required. Please print clearly. Name of Child: Date of Birth: Before School only Monday Tuesday Wednesday Thursday Friday Before and After School Monday Tuesday Wednesday Thursday Friday Before and After School Monday Tuesday Wednesday Thursday Friday Priday Cection 3 - Billing Information (this should be the same name that appears on the ACH Authorization form) PLEASE PRINT CLEARLY Name of Person(s) to Invoice: Address: City, Postal Code: Phone Number: Email Address: OFFICE USE ONLY: Trent River Program JKSK SAGE ACH Form on File YES NO New Family YES NO Registration Fee NA YES NO Returning Family YES NO Start Date: Withdrawal Date:	Section 1 - Program Site: (select	t one)								
Name of Child: Date of Birth:	☐ Trent River Public School ☐ Frankford Public School ☐ Sir John A MacDonald Public School									
Name of Child: Date of Birth:										
Before School only	Section 2 - Schedule - One page per student, print additional pages as required. Please print clearly.									
After School only	Name of Child: Date of Birth:									
Before and After School	☐ Before School only	☐ Monday	☐ Tuesday	□ w	ednesday	☐ Thurs	day	☐ Friday		
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Schedule Change YES NO Effective date of Change:	Returning Family YES	NO Start Date	e:		Withdrawa	al Date:				
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