

Childcare Renewal for Wee Care @ Ecole Robb Rd

DATE: _____

Child's Name _____

Grade _____ Teacher: _____ Rm #: _____

Days/Times Required: Tick mark or X

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BEFORE SCHOOL	_____	_____	_____	_____	_____
AFTER SCHOOL	_____	_____	_____	_____	_____

Parent: _____ phone #: _____

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I agree that when registering for these childcare spaces, my schedule will remain the same throughout the school year. I agree that I will pay the fees required for this space for the entire year. I am aware that if I choose to reduce the number of days care is required, I may need to forfeit my space to make room for another child requiring full time care. (Certain unavoidable circumstances may apply)
(Please contact head office at 250-338-5869)

Print Name _____ Signed _____