

Please complete this form and return to the Director for your file

1. What is your favourite thing to do?

2. Have you ever been in other child care programs before?

3. How many homes do you live in?

4. What sports and games do you like to do?

5. What do you do for recreational time when you are not in school?

6. What do you hope to do here at the Out of School Program?

I read and agree to adhere to everything in the Child Handbook.

Child's Signature: _____

Child's Name: _____

Date: _____

I have been toured around all the classrooms and have been taught all the rules.

Child's Signature: _____

Child's Name: _____

Date: _____