

Impact
EXTENDED CARE REGISTRATION FORM 2019

Camper Information		
Name:	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
I will be, <input type="checkbox"/> Dropping off my child early <input type="checkbox"/> Picking them up late <input type="checkbox"/> Both		
Office Use Only		Any special instructions:
Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit		
Payment Amount:		
Payment with another Child:		
Payment Date:		
Paid By:		
Receipt Given/Date Mailed:		

Cost: \$30 per child, \$15 for third child and beyond (*Please Make Cheques Payable to **Harbour Fellowship Church***)

I agree that I will drop my child off no earlier than 8:00 am and pick them up no later than 5:00 pm.

I agree that I will sign my child in and out at the registration desk with the extended care workers.

 Signature of Parent/Guardian

 Date