



**Before and After School Program**  
**Schedule Agreement**  
**2024 2025 School Year**

**Section 1 - Program Site: (select one)**

- Trent River Public School    Frankford Public School    Sir John A MacDonald Public School

**Section 2 - Schedule - One page per student, print additional pages as required. Please print clearly.**

|  |                                 |                                  |                                    |                                   |                                 |
|--|---------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|
| Name of Child:                                   |                                 |                                  | Date of Birth:                     |                                   |                                 |
| <input type="checkbox"/> Before School only      | <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> After School only       | <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Before and After School | <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday |

**Section 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:                |

|                         |          |                           |                  |                                  |
|-------------------------|----------|---------------------------|------------------|----------------------------------|
| <u>OFFICE USE ONLY:</u> |          | 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: |                                  |
| Schedule Change         | YES   NO | Effective date of Change: |                  |                                  |
| Notes:                  |          |                           |                  |                                  |