Hastings County
Supporting People & Our Communities

Before and After School Program Schedule Agreement 2020 2021 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:** _____

☐ Before School only	☐ Monday	☐ Tuesday	☐ Wednesday	☐ Thursday	☐ Friday
☐ After School only	☐ Monday	☐ Tuesday	☐ Wednesday	☐ Thursday	☐ Friday
☐ Before and After School	☐ Monday	☐ Tuesday	☐ Wednesday	☐ Thursday	☐ Friday

Section 3 – Billing Information – **Please print clearly.**

Name of Person(s) to Invoice	
Address	
City, Postal Code	
Phone Number	
Primary Email Address	
Alternate Email Address to send copy of invoice if required	

Section 4 – Payment (select one)

☐ Automatic Withdrawal Monthly ☐ On Line Banking Bill Payment ☐ Cash, Cheque, Credit Card, Debit Card

I understand that if it is my child's scheduled day to attend the program I will be charged the above prices including statutory holidays, whether my child is at the program or not. I understand that payment is due in advance.

X_____ _____

Parent Signature **Date**

OFFICE USE ONLY: **Trent River Program** ☐ **JKSK** ☐ **SAGE**

BILLING CODE _____

BILLING CODE _____

SUBSIDY, if applicable _____ **Subsidy Expiry:** _____

PC, if applicable _____

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:																		
SEP		OCT		NOV		DEC		JAN		FEB		MAR		APR		MAY		JUN					

Notes: