Town of Allan
Box 159
Allan SK, S0K 0C0
306-257-3272
townofallan@sasktel.net

Before & After School Registration

Description:
Please complete this form to register your child in the Town of Allan Before & After School Program. Monthly fee is $300 or $20 per drop-in day. $25.00 Registration Fee, please have this form back to the town office by June 15, 2026. There will also be a registration night on September 3, 2026 at the Allan School.

SECTION 1: Child(ren)'s Information

Child's Full Name:

First: _____ Middle: _____ Last: _____

Date of Birth: _____

Mailing Address:

Address: _____

City: _____ Province: _____ Postal Code: _____

Physical Address:

Street _____ Town_____ Province: _____ Postal Code _____

Gender:

☐ Boy ☐ Girl ☐ Transgender ☐ Non-binary ☐ Two-Spirit ☐ Prefer not to answer

School: _____

Grade: _____

Siblings in Program: _____

Is this child in Foster Care? ☐ Yes ☐ No

Background Information (optional):

☐ First Nations ☐ Métis ☐ Black ☐ Person of Colour ☐ New Canadian

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SECTION 2: PARENT / GUARDIAN INFORMATION

Parent/Guardian #1

Full Name: _____ Relationship to Child: _____

Phone Number: _____

Alternate Phone Number: _____

Email Address: _____

Does the child live with you? ☐ Yes ☐ No

Parent/Guardian #2 (Optional)

Full Name: _____ Relationship to Child: _____

Phone Number: _____

Alternate Phone Number: _____

Email Address: _____

Does the child live with you? ☐ Yes ☐ No

SECTION 3: EMERGENCY CONTACTS

Emergency Contact #1 ***(Required)***

Name: _____ Relationship: _____

Phone: _____

Emergency Contact #2 ***(Optional)***

Name: _____ Relationship: _____

Phone: _____

SECTION 4: SPECIAL CONSIDERATIONS

Does your child have any medical conditions? (i.e. food allergies, asthma, medication, etc.)
****PLEASE NOTE** If your child has severe allergies and requires an Epi-pen, they MUST carry it with**

them at all times while at the Before and After School Program. ***(Write "N/A" if none)***
Please Describe:
Allergies / Dietary Restrictions:

_____
_____

Medical Conditions:

_____
_____

Learning / Behaviour Needs:

_____
_____

Does your child(ren) have a disability? (ex. Physical Disability or Cognitive Disability such as: ADHD, FASD, etc.) ☐ Yes ☐ No

_____
_____

Other Considerations (Any additional information which may assist your child in positively participating in our programs.): If your child requires the use of any medications (for allergies, medical conditions, etc.) while participating in our programs, separate medical/permission forms will be required. Forms are available at the Town office).

SECTION 5: CUSTODY & SAFETY

If a custody or court order exists, please indicate who will be picking up/dropping off your child and any other important information.

Individuals allowed to pick up child(ren):

_____
_____

Individuals NOT allowed to pick up the child(ren)

_____
_____

SECTION 6: PROGRAM REGISTRATION

Program Type: ☐ Monthly Program ($300/month) ☐ Drop-In ($15/day)

Care Required: ☐ Before School ☐ After School

Start Date: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

SECTION 7: MEDIA CONSENT

The Town of Allan's Before and after School program has the right to use any artwork, photographs, video, and/or audio of my child while participating in Club activities for the purpose of advertisement and promotional campaigns in the future. My child's image may be published or used in newspapers, promotional videos, television commercials, television news items, program brochures, posters, social media sites, etc. or otherwise displayed to the public or used for other educational/fundraising purposes, either in whole or in part by the Town of Allan and/or external partners. No names will ever be used in association with a child's image without written permission of the parent/guardian.

☐ Yes, I agree

☐ No, I don't Agree

SECTION 8: AGREEMENTS

Please choose the service agreement required for your child: By agreeing to this contract, you are committed to the contract and the contract fees regardless of attendance.

☐ I authorize emergency medical care if needed
☐ I understand program fees ($300/month or $15 drop-in)
☐ I agree to follow program policies
☐ I understand staff are not responsible for lost/stolen items

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SECTION 9: SIGNATURE

Parent/Guardian Name: _____

Signature: _____

Date: _____

Payment Information * FOR OFFICE USE ONLY*****

Method of Payment: ☐ CASH ☐ CHQ ☐ DEBIT ☐ E-Transfer

Receipt: # _____

Date: _____ **Receipt Issuer Initial:** _____

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