



Before and After School Program
Schedule Agreement
2023 2024 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:				