



69: CF9 '5 B8 5: H9F 'G7 <CC @DFC; F5 AG'
F9; =GHF5HCB': CFA'
DF9!?'=B89F; 5 FH9B'H<FCI ; <'9# <H<'; F589'

Please complete the form below if you plan to use the Before School Program or the After School Program at the Montclair Cooperative School.

D`YUgY`W YW`nci f`XYgjfYX`W cJWg"'

69: CF9 'G7 <CC @DFC; F5 A `f6 GD`

[] Full time

[] Part time: [] Monday [] Tuesday [] Wednesday [] Thursday [] Friday

[] Drop in

5: H9F 'G7 <CC @DFC; F5 A `f6 GD`

[] Full time

[] Part time: [] Monday [] Tuesday [] Wednesday [] Thursday [] Friday

[] Drop in

Child's name _____ Grade _____

Child's name _____ Grade _____

Child's name _____ Grade _____

Parent's name _____ Signature _____

Parent's name _____ Signature _____

Please list the name and phone number of anyone other than the above listed parents who has permission to pick up your child from ASP. Children will not be released unless the name is listed or a call has been made to school prior to pick up.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____