Emmanuel After School Request Form 2025-26 FOR NEW APPLICANTS KINDERGARTEN - GRADE 5

Child's Full Name:	
Parent/Guardian Name:	Phone: Email:
Parent/Guardian Name:	Phone: Email:
Address:	Postal Code:
School Attending:	Grade in Sept 2025:
Birth Date (mm/dd/year):	Age:
Start Date:	
Check the type of care you require: Hours are: 2:	30 – 5:30 pm except on P.D. Days or early dismissals.
After School Care 2:30 – 5:30 pm	
Early Dismissals (Dismissal time to 5:30 pm)	
Professional Development Days 8:30 am – 5:30 pm	
School Vacation Care (One week: Spring Break)	
Bus Pick up at Frank Hobbs Elementary School	
Bus Pick up at Campus View Elementary School	
Does your child require a booster seat?	
Are you eligible for the Affordable Child Care Benefit gov.bc.ca/affordablechildcarebenefit	
Does your child have special needs?	
Does your child have siblings who attended or are attending Emmanuel Day Care or After School Care?	
YES NO Year: Name(s):	
Please note that a \$100 Registration Fee will be required be credited to your first month's fees if you do not withd received via Interac e-transfer to preschool@emmanue write "After School Care Reg. Fee 2025-26".	lraw. This fee is non-refundable. Payments can be
Parent's Signature:	Date:
Print Name:	
Emmanuel After School I 2121 Cedar Hill Cross Road I Victoria, BC I V8P 2R6	

250-598-0573 I afterschool@emmanuelvictoria.ca