



For more than 20 years the Willingdon Extended Day Program, a non-profit, parent-run organization has been dedicated to providing high quality, affordable before and afterschool care to the Willingdon community.



We are proud to help enrich the Willingdon community through our donations to Willingdon School, and by hosting community events.

We also do our best to provide subsidies to Willingdon's families in need.

Welcome to the Willingdon EDP, the after-school program that children hate to leave! "Please, just five more minutes." is a familiar refrain at pick-up time and is a testament to the high regard for this grass-roots program that has stood the test of time.

Our flexible child focused approach and our experienced dynamic staff keep the kids happy and engaged while ensuring parents' peace of mind.

Does your schedule vary? Do you only need us every other week? Contact us at (514) 487-8269 to learn more about our package rates. At the Willingdon EDP, you can customise our tax-deductible packages to suit your needs.

Learning doesn't stop when the bell rings. The core after-school program (ASP) offers an exciting and ever-changing array of sports, art and STEM activities in a relaxed environment. For an additional cost, the EDP offers all Willingdon students an imaginative array of Extra-Curricular activities, Ped Day and March Break programming.

2020-2021 Registration Information

Child's information:

Child's Name: _____ Grade: _____ Room # _____ Bus #: _____
Address: _____ Age: _____ D.O.B: ____y/ ____m/ ____d
City: _____ Postal Code: _____ Home Phone #: _____

Schedule:

Package subscriber: 5 days (___) 4 days (___) 3 days (___) a week, fixed schedule. **Occasional:** drop-ins only (___).

Please circle the mornings and afternoons needed:

Monday am Tuesday am Wednesday am Thursday am Friday am
Monday pm Tuesday pm Wednesday pm Thursday pm Friday pm

Drop-ins: When using 2 days a week or less, drop-in rates apply. **Payments can be made by check** in advance, or as services are rendered.

Parent's Identification:

Parent's Name: _____ E-mail: _____
Cell Phone: _____ Work Phone: _____ Home Phone: _____
Home address if different from child's: _____
Parent's Name: _____ E-mail : _____
Cell Phone: _____ Work Phone: _____ Home Phone: _____
Home address if different from child's: _____

Medical Information: (the EDP does not administer or dispense medication)

Child's Medicare #: _____ Expiry Date: _____
Allergies to Food: _____
Allergies to Medications: _____
Medications needed on a regular basis: (e.g. Insulin, Epipen, Asthma pump) _____
Does your child have any physical or emotional condition, which we should be aware of? Please explain: _____

***When your child is sick please arrange for them to be picked up within an hour of notification.**

Emergency Contacts and Authorized pick-ups:

Name: _____ Relation: _____ Phone: _____ Phone: _____
Name: _____ Relation: _____ Phone: _____ Phone: _____
Name: _____ Relation: _____ Phone: _____ Phone: _____
Name: _____ Relation: _____ Phone: _____ Phone: _____

Is there anyone who is NOT authorized to pick up, or have contact with, your child?

Name: _____ Sex: M ___ F ___ Relation (if any): _____

