



BGC Dovercourt Club

After School Safewalk Program

Member Information

Name of School: _____

Name of Child: _____ Grade: _____

Teacher: _____ Room: _____ Dismissal Time: _____

Please inform your child's teacher that we are picking your child(ren) up from school.

Day of Pickup

Monday

Tuesday

Wednesday

Thursday

Friday

Payment Info

Month (2024-2025)	Amount	Method of Payment				
		Cheque	Cash	Debit	Mastercard	Visa
September 2024	\$50.00					
October 2024	\$50.00					
November 2024	\$50.00					
December 2024	\$50.00					
January 2025	\$50.00					
February 2025	\$50.00					
March 2025	\$50.00					
April 2025	\$50.00					
May 2025	\$50.00					
June 2025	\$50.00					

If your child is going to be absent please call us at 416-536-4102.

Signature of Parent/Guardian: _____

Date: _____