



EXTENDED DAY CARE REGISTRATION FORM

REGISTRATION FEE: \$25.00

Student Name: _____ Grade: _____

Address: _____

Parent/Guardian Name: _____ Emergency Phone # _____

Person(s) Authorized to Pick Up Child:

Name: _____ Phone #: _____

Relationship to child/family: _____

Name: _____ Phone #: _____

Relationship to child/family: _____

Name: _____ Phone #: _____

Relationship to child/family: _____

My child will participate in the Extended Day Program at these times:

_____ Daily 2:15 p.m. to 5:30 p.m.

_____ On an as-needed basis

Parent/Guardian Signature

Date: _____

Student Lives With (Please check appropriate line)

_____ Both Parents
_____ Mother
_____ Father
_____ Other (Please specify _____)

If court and/or official documents exist regarding custody of student, etc. a copy of these must be on file in the Main Office.

_____ Document(s) received Date: _____

Completed (physician's) health record received: Date: _____

Other important information

Code Word: _____ Date: _____

Parent/Guardian Signature