

EXTENDED DAY

****REGISTRATION FORM and FEE ARE REQUIRED IN ADVANCE OF CHILD ATTENDING THE EXTENDED DAY PROGRAM.**

Registration Fee: \$25.00 per child
Re-registration Fee: \$10 per child

Family Name _____
Student's Full Name _____ Grade/Rm# _____
Student's Full Name _____ Grade/Rm# _____

Mother/Guardian: First Name _____ Last _____
() Custodial Parent (If married, mark both parents): _____
Phone Numbers: (H) _____ (W) _____ (C) _____

Father/Guardian: First Name _____ Last _____
() Custodial Parent (If married, mark both parents): _____
Phone Numbers: (H) _____ (W) _____ (C) _____

Email Address: _____

****Both of the following numbers are needed for our new check-out system:**

****Identification #:** _____ (suggest last 4 digits of your S.S.#)
****Pin #:** _____ (suggest last 4 digits of your phone number)

List any existing medical conditions, medications and/or special attention your child may Require:

Allergies: _____
Doctor's Name: _____
Address: _____
Phone No: _____

IN EMERGENCIES requiring immediate medical attention, your child will be taken to the **NEAREST HOSPITAL EMERGENCY ROOM**. Your signature authorizes the responsible person at the child care facility to have your child transported to that hospital.

Signature of Parent/Guardian Doctor

PROGRAM:
Before School (7:00-7:30) M _____ T _____ W _____ T _____ F _____
After School (2:45-6:00) M _____ T _____ W _____ T _____ F _____
Drop-in Only (Specify) _____