



## Extended Care Registration Form

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of work: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Children's names:

\_\_\_\_\_

\_\_\_\_\_

Emergency Contacts and Pick-Ups:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Any special needs? (Allergies, medical, etc.) Please list:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*If someone else is picking up your child, they must bring ID and the parent must provide a signed letter to the school.

