



EXTENDED DAY REGISTRATION FORM

SECTION A

To be completed for both contract accounts and occasional use of extended day

| <u>Child's Name</u> | <u>Age</u> | <u>Birth Date</u> | <u>Grade</u> |
|---------------------|------------|-------------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Child(ren) live(s) with _____
Home address _____
Father's name _____ Mother's name _____
Work Phone# _____ Work Phone# _____
Cell Phone# _____ Cell Phone# _____

PERSON TO CALL IN AN EMERGENCY (IF PARENTS CANNOT BE REACHED):

Name _____ Relationship to Child _____
Home Phone # _____ Work Phone # _____ Cell Phone # _____
Pediatrician/Family Doctor & Phone # _____
Allergies _____ Medications _____

PERSON(S) PICKING UP MY CHILD(REN)

| <u>Name</u> | <u>Name</u> |
|-------------------|-------------------|
| _____ | _____ |
| Phone # _____ | Phone # _____ |
| Alt Phone # _____ | Alt Phone # _____ |

Please indicate what portion of your child's homework you would like to have completed at Extended Day.

Circle One: None Some All Student's Choice

Child's Interests _____

Signature of Parent or Guardian Date

SECTION B

To be completed for contract accounts only

Days Attending (Circle)

| | | | | | |
|------------|------|-------|------|--------|------|
| Name _____ | Mon. | Tues. | Wed. | Thurs. | Fri. |
| Name _____ | Mon. | Tues. | Wed. | Thurs. | Fri. |
| Name _____ | Mon. | Tues. | Wed. | Thurs. | Fri. |

****CONTRACT ACCOUNTS:** To reserve a space in the Extended Day Program, please enclose a \$200.00 non-refundable registration fee with this form, to be credited to your bill. Please note on the check that it is for the Extended Day Program. **