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

Child’s Name                      Age                      Birth Date                      Grade
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Child(ren) live(s) with_________________________________________________________________________
Home address  _____________________________________________________________________________

1. Father’s name_____________________________  2. Mother’s name_____________________________________
   Work Phone#_____________________________  Work Phone#_______________________________________
   Cell Phone#_____________________________  Cell Phone#________________________________________

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

3. Name _______________________________________  Relationship to Child _________________
   Home Phone # ___________________________  Work Phone # ___________________________
   Cell Phone # ___________________________

4. Pediatrician/Family Doctor & Phone#_________________________  Medications_________________
   Allergies__________________________________________________________

PERSON(S) PICKING UP MY CHILD(REN)

Name                            Name
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 $210.00 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. **