



EXTENDED DAY REGISTRATION FORM 2020-2021

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 \_\_\_\_\_  
 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 # \_\_\_\_\_  
 Allergies \_\_\_\_\_ Medications \_\_\_\_\_

PERSON(S) PICKING UP MY CHILD(REN)

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. \*\*