

2020-2021 Extended Care Registration

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Phone# \_\_\_\_\_

Mother's Name \_\_\_\_\_

Phone # during Extended Care hours \_\_\_\_\_

Father's Name \_\_\_\_\_

Phone # during Extended Care hours \_\_\_\_\_

My child may be picked up by the following:

Name/relationship/contact phone number during Extended Care hours:

\_\_\_\_\_  
\_\_\_\_\_

Schedule of Probable Usage:(include Choir, Math Counts, Glee Club, French Club, sports, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Emergency Numbers (Someone we can call to pick up your child if you are unavailable.) \_\_\_\_\_

\_\_\_\_\_

Medical Information /allergies/"snack food" allergies/location of Epi-pen or other emergency resources (inhaler, medications, etc):

\_\_\_\_\_  
\_\_\_\_\_