

Please check one:

- I will use Extended Care regularly (3 days or more per week)
- I will use Extended Care occasionally\* (2 days or less per week or on an emergency basis)

\*Alternate Dismissal forms are required each time your child will use Extended Care when selecting this option.

## 2022-2023 Extended Care Registration

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

Address \_\_\_\_\_

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

Phone No. during Extended Care hours \_\_\_\_\_

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

Phone No. during Extended Care hours \_\_\_\_\_

My child may be picked up by the following:

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

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

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

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

Phone No. during Extended Care hours \_\_\_\_\_

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

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