

EXTENDED CARE PROGRAM
REGISTRATION FORM 2018-19

Family Name _____ Home Address _____

Home Phone _____ Cell Phone _____

<u>Child(ren)'s Name(s)</u>	<u>Male/Female</u>	<u>Grade</u>	<u>Room No.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BEFORECARE REGULAR USER (I anticipate using the program (indicate appropriate date(s) & time(s):

Morning Arrival

Day: Monday Tuesday Wednesday Thursday Friday

AFTERCARE REGULAR USER (I anticipate using the program (indicate appropriate date(s) & time(s):

Afternoon Pickup

Day: Monday Tuesday Wednesday Thursday Friday

Time: _____

OCCASIONAL USER (Schedules to be arranged.)

Mother's Name _____ Home Phone _____ Cell Phone _____

Father's Name _____ Home Phone _____ Cell Phone _____

Other adults authorized to pick up child(ren):

Name _____ Relationship to child(ren) _____ Home # _____ Cell # _____

Name _____ Relationship to child(ren) _____ Home # _____ Cell # _____

PLEASE NOTE: WE MAY REQUEST A PHOTO ID OF ANY PERSON PICKING UP YOUR CHILD(REN).

Parent Signature/Authorization for Before/After Program enrollment (please check box at left.)