

**EXTENDED CARE PROGRAM**  
**REGISTRATION FORM 2020-21**

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.)