



## EXTENDED DAY REGISTRATION

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Child will attend Extended Day:      Full Time                      Part Time                      (circle one)

### EMERGENCY INFORMATION

List TWO individuals who will assume temporary responsibility for your child.

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Release: In case of an accident or illness, I ask that the school contact me. If I cannot be reached, I authorize the school to call the physician and to follow his/her instructions. The school is authorized to seek additional care as needed.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Allergies: \_\_\_\_\_ Physician Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**It is the parent's responsibility to provide updated information if any changes occur.**