



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.