

# EXTENDED SCHOOL CARE

OFFICE USE ONLY	ENROLLMENT FORM	EMERGENCY INFORMATION
Account #: _____ Entry Date: _____	Date: ____ / ____ 20 ____ School Year: 20 ____ - 20 ____	Responsible Adult to Contact if Parents Can't Be Reached Name _____ Phone _____

**Student's Name:** \_\_\_\_\_ **Grade to enter:** \_\_\_\_\_  
(First) (Full Middle) (Last)

Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

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

If parents are separated or divorced, with whom does the child live? \_\_\_\_\_

Name of persons authorized to take child: (First person will be called in case of emergency and parent cannot reached.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

A.M. EXTENDED CARE (Before 7:30 A.M.)  P.M. EXTENDED CARE (After 3:15 P.M.)  BOTH (A.M. & P.M.)  
Date to begin \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date to begin \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date to begin \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Before any change is made in your extended school program, the new information must be on file in the office. I have read the attached form and realize that I may be asked to pay additional charges as stated.

Parent's Signature \_\_\_\_\_

**\* Parents picking up children after 6:00 p.m. will need to pay caregiver \$1.00 per minute.**