

EXTENDED SCHOOL CARE

	ENROLLMENT FORM Date: ____ / ____ 20 ____ School Year: 20 ____ - 20 ____	EMERGENCY INFORMATION Responsible Adult to Contact if Parents Can't Be Reached Name _____ Phone _____
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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 be 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.**