Extended Day Registration Form

Parent's Name _____

Children's Names _____ Grade _____ Date of Birth _____

_____ Grade _____ Date of Birth _____

_____ Grade _____ Date of Birth _____

_____ Grade _____ Date of Birth _____

Mother's Cell # _____ Work # _____

Father's Cell # _____ Work # _____

My child/children will attend on a: **Regular Basis_____ or Drop-In (Daily) Basis ___**

Explain any health restrictions or medication taken regularly:

_____

Explain any allergies to medication, insect bites, foods, etc.:

_____

Explain any special circumstance that your child/children may have:

_____

Emergency contact name and phone number in the event that both parents cannot be reached:

Name _____ Phone # _____

Approximate Pick-up Time: _____

Persons authorized to pick up my child/children:

Name _____Contact #_____ Driver's License # _____

Name _____Contact #_____ Driver's License # _____

I am aware of a flat $1.00 per minute charge if my child is picked up after 6:00 PM.

Parent Signature _____ Date _____

2026-2027