Extended Care Enrollment Form

Personal Information: (List only Children Enrolling in Extended Care)

Child's Name (Eldest Child):_____ Grade _____
Sibling Names: _____ Grade _____
_____ Grade _____
_____ Grade _____

Mother's Name _____
Home Address: _____ City/State/Zip: _____
Home Phone: _____ Cell: _____ Work: _____

Father's Name _____
Home Address: _____ City/State/Zip: _____
Home Phone: _____ Cell: _____ Work: _____

Emergency Information:

Person to notify in case of emergency: _____ Relation _____
Home Phone: _____ Cell: _____ Work: _____

Physician's Name: _____ Phone Number: _____
Address: _____ City/State/Zip: _____

Hospital Preference: _____

My child(ren) has (designate child):
□ Allergies: _____ □ Food Allergies _____
□ Asthma □ Diabetes □Epilepsy □ Heart Problems □ Recurring Illness
□ Other Medical Condition _____

IN THE EVENT OF A MEDICAL EMERGENCY "911" WILL BE CALLED

_____ _____ _____
Signature of Responsible Party Printed Name Date

Child Pick-Up:

Regular Person to Pick-up _____ Relation: _____ Phone: _____
[Alternate Pick-up's] _____ Relation: _____ Phone: _____
_____ Relation: _____ Phone: _____
_____ Relation: _____ Phone: _____

Persons picking up students must provide a valid picture ID, no exceptions.

By signing below I am authorizing the above listed persons to pick up my child(ren) at any given time.

_____ _____ _____
Signature of Responsible Party Printed Name Date

Extended Care Program Selection:

Program Options:
□ **Before School:** # of Children: ____
Estimated Drop Off: _____
□ **After School:** # of Children: ____
Estimated Pick Up: _____

Program Options:
□ **Option #1 -- Yearly** (Payable on September 1st)
□ **Option #2 – Monthly** (Payable on the 1st of each month September 1st through May 1st)
□ **Option #3 -- Daily** (Payable on the 1st and 15th of each month based on days used during the recorded period)

By signing below I am committing to pay as per the manner and amount listed in the Extended Care Brochure.

_____ _____ _____
Signature of Responsible Party Printed Name Date