17-18 Extended Day Registration Form

Please Print

For office use only:

Registration Fee Pd: Y N
Date Paid: _____
Check # _____
Cash Amount _____

Date:_____

Family Last Name: _____

Our Children will attend: (Circle) **AM** **REGULAR** **OCCASIONAL**
Est. Drop off time: _____
PM **REGULAR** **OCCASIONAL**
Est. Pick up time: _____

Please list each child by starting with youngest:

Student name: _____ Grade: _____
Medical Allergies/Problems/Medication: _____
_____

Student name: _____ Grade: _____
Medical Allergies/Problems/Medication: _____
_____

Student name: _____ Grade: _____
Medical Allergies/Problems/Medication: _____
_____

Student name: _____ Grade: _____
Medical Allergies/Problems/Medication: _____
_____

Please list any adult who has your permission to drop off or pick up your child (using your Login number) and can be contacted for school closings, if parent cannot be reached:

Name	*Relationship*	*Contact phone during Ext day hours*