

## 20-21 Extended Day Registration Form

Date: \_\_\_\_\_

Family Last Name: \_\_\_\_\_

**Please list each child starting with the 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 (including parents) who has your permission to drop off or pick up your child (using your Login number) and can be contacted for school closings, if a parent cannot be reached:**

<i>Name</i>	<i>Relationship</i>	<i>Contact phone during Ext day hours</i>
	Mom	
	Dad	



For Office use only:
Registration Fee Pd: Y N
Date paid: _____
Check # _____ Cash: _____