



**EXTENDED CARE (Grades Pre-K—5th)  
REGISTRATION FORM 2018-19**

**\$30 fee required with registration**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
2018-19

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ e-mail \_\_\_\_\_  
address

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ e-mail \_\_\_\_\_  
address

Check time and days that extended care is needed: **NOTE: WE DO NOT OFFER DROP-IN  
EXTENDED CARE**

attend	5 day / wk	3 day / wk	2 day / wk	Designate days they will
A.M. Care	_____	_____	_____	M T W Th F
Pre-K—5th grade 3-6 p.m	_____	_____	_____	M T W Th F

My child plans to participate in the following sports or arts academy classes:

\_\_\_\_\_

**If you are not going to be the person to pick up your child, indicate the person(s) so designated below:**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

**In case of an emergency or if I cannot be contacted to pick up my child, I authorize the following person(s) to pick up my child:**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

**The following person(s) may NOT pick up or remove my child:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

NOTE: If the person is one of the child's parents, appropriate court documents are required.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_