

## 2020/2021 REGISTRATION FORM FOR THE EXTENDED DAY PROGRAM

Please list the names and grades of the children that will attend one or both sessions.

Name of Student(s)				Grade	Homeroom	
Please complete the following information for the morning session (leave blank, if not registering for morning care).						
	Mondays	Tuesdays	Wednesday	Thursdays	Fridays	
Approximate arrival times						
Please complete the following information for the afternoon session (leave blank, if not registering for after school care).						
	Mondays	Tuesdays	Wednesday	Thursdays	Fridays	
Approximate departure times						
Name of Parent / Guardian				Date		
Registration is complete when all of the following have been submitted:						

- . Registration Fee \$20.00 (will be added to FACTs once registration form is submitted)
- . Registration Form
- . Release From Extended Day Care Form
- . Box of tissue and Clorox Wipes

Parent/Guardian Name	Cell		
Parent/Guardian Name	Cell		
The people listed below have permiss Extended Day Program and will prese to recognize each person. The information one of the person's listed below or the they should be called in the case of ill.	sion to pick up my child from the ent photo identification, until supervise mation on the identification must mane child will not be released. List pe	atch the name of	
Names of	Emergency Contact	Driver's License or State ID	
Contacts	Tele- or Cell-phone number	Number	
1	·		
2			
3			
4			
5			
List any allergies/medical conditions and	instructions that the supervisors need	knowledge of:	

\_\_\_\_\_ I understand that supervisors may administer simple first aid to my child/ren. This involves simple cleaning of a cut/scrape, using soap and water as well as antibacterial spray, and the application of an adhesive sterile pad. If the supervisors feel it is necessary, ice may be

applied to a bump or bruise.