

EXTENDED CARE REGISTRATION 2016-2017 Fee Paid: _____

Please complete this form and return it to Extended Care with the registration fee. The registration form and fee are due the first day your child attends Extended. The fee is \$60 per family until Sept. 1st, when the fee becomes \$75.00/ per family.

This form is vital to helping us provide fast, accurate and caring attention to your child in the case of emergency. If your child uses Epi-pens, inhalers, Benedryl, etc., let us know on the form. Please fill it out completely and in clear, easy to read writing. Keep us updated on any changes throughout the year.

We thank you, your child thanks you!

Child 1 _____ Grade _____ Birthdate _____

Child 2 _____ Grade _____ Birthdate _____

Child 3 _____ Grade _____ Birthdate: _____

PARENT OR GUARDIAN NAMES:

Name: _____ Work Phone: _____ Cell Phone: _____
Mother

Home Address: _____

Name: _____ Work Phone: _____ Cell Phone: _____
Father

Home address: _____

I authorize the following people (over age 18) to pick up my child/ children from Extended Care:

NAME: _____ Phone _____ Relationship _____

NAME: _____ Phone : _____ Relationship _____

NAME _____ Phone: _____ Relationship _____

NAME: _____ Phone: _____ Relationship _____

(Feel free to add more names on the back of this form)

I have read and fully understand the rules and regulations of the Extended Care Program at Assumption School

Father's signature _____ Mother's signature _____

Does your child use any medications (inhalers, Epi-pens, benedryl,etc)

Child's name _____

Does your child have any food allergies? Child's name: _____

(If so, please complete the medication instruction form and attach to registration. Thank you!)

Please sign and return to the school office or Extended Care room. Registration fee must accompany this form.