

**EXTENDED SCHOOL DAY
ENROLLMENT FORM**

DOB _____

Registration fee \$20.00 Grade _____

Please list on the following line the person we should call first if needed.

Student's Name _____ Phone # _____

Mailing Address _____ Phone _____

Father's Name _____ Work # _____ Cell# _____

Mother's Name _____ Work# _____ Cell# _____

If parents are separated or divorced, with whom does the child live? _____

Name of persons authorized to take child: (other than those listed above)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

K-3 & K-4 PM SCHEDULE

12:00 – 2:40 ()

12:00 – 5:30 ()

ELEMENTARY PM SCHEDULE

2:40 – 5:30 ()

Attending as a drop-in () 12:00 – 2:40 () 2:40 – 5:30 () 12:00 – 5:30

If your child becomes sick, please list the name and phone number of the person to contact first.

Name _____ Phone# _____

EMERGENCY INFORMATION

Responsible Adult to Contact
if parents cannot be reached

(1) Name _____

Phone _____

(2) Name _____

Phone _____

Child's physician

Name _____

Phone _____

Address _____

() The school has my permission to call the above named physician in case of an emergency when as a parent I cannot first be reached.

Parent's Signature _____ Date _____