

Amount paid \_\_\_\_\_ Date paid \_\_\_\_\_  
Check # \_\_\_\_\_ Cash \_\_\_\_\_  
Teacher \_\_\_\_\_

## Extended Care Registration - Summer Program 2011

Complete this form if you plan on using Extended Care this summer. There is a \$10.00 per child registration fee to cover supplies and snacks. (\$4.75 per hour for 1<sup>st</sup> child, \$3.75 per hour each additional child)

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Teacher: \_\_\_\_\_ Does the child reside with both parents? Yes/No

### FATHER

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

### MOTHER

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Other persons allowed to pick up your child, or who are responsible in case of emergency or illness if parents cannot be reached:

<u>Name</u>	<u>Phone</u>	<u>Relationship</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

List any allergies or physical limitations: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency, every effort will be made to contact the parents, the emergency numbers, and the doctor listed. Failing to contact any of these, I give permission to the school to call a physician and secure proper emergency treatment while efforts continue to locate the parents.

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