

Received Date:

\_\_\_\_\_

Child/ren Name \_\_\_\_\_

Grade(s) in the Fall \_\_\_\_\_

My Child/ren will need :

AM Care Only	6:00-9:15 am Breakfast Included	M	T	W	TH	F
PM Care Only	3:45-6:00 pm Snack Included	M	T	W	TH	F
Both AM & PM Care		M	T	W	TH	F
Early Release Fridays Only	2:15-3:45 pm	Vouchers Required				

Please be sure to turn all paperwork to an Extended Day Staff Member. To guarantee your spot for next year, we need to have ALL of your paperwork; that includes both your Emergency form and the Authorization Agreement for Direct Payment. YOUR SPOT IS NOT GUARANTEED UNTIL WE HAVE ALL OF YOUR COMPLETED PAPERWORK.

PARENT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**Child(ren) and Parent/Guardian Information-One Form per Family (Please Print)**

+This Information stays with Extended Day+

Child Name	Grade in School	Birthdate
<b>Home Phone Number</b>		
<b>Home Address</b>		
<b>City, State, Zip Code</b>		
<b>Mother's/Guardian Name</b>		
<b>Work Phone</b>		
<b>Cell Phone</b>		
<b>Email Address</b>		
<b>Father's/Guardian Name</b>		
<b>Work Phone</b>		
<b>Cell Phone</b>		
<b>Email Address</b>		
<b>Emergency Contact Name #1</b>		
<b>Emergency Contact Phone Number #1</b>		
<b>Emergency Contact Name #2</b>		
<b>Emergency Contact Phone Number #2</b>		

**Health/Medical/Additional Information-One Form per Family (Please Print)**

+This Information stays with Extended Day+

++Attach separate sheet if needed ++

Child Name	Health/Medical/Additional (Please put N/A if needed)

**Adults Authorized to pick up your child(ren):**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_