

**Extended Care Program Enrollment Form**  
***2018-2019 School Year***

Child's Name                      Date of Birth                      Age                      Option #

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Father's Name \_\_\_\_\_

Phones: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Mother's Name \_\_\_\_\_

Phones: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

*(Please list the phone number where the parent can be reached during Extended Care hours.)*

Emergency Contact Name \_\_\_\_\_ Relation: \_\_\_\_\_

Phones: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone: \_\_\_\_\_

Known Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Persons allowed to pick up student:

- Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Driver's Lic. # \_\_\_\_\_
- Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Driver's Lic. # \_\_\_\_\_
- Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Driver's Lic. # \_\_\_\_\_
- Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Driver's Lic. # \_\_\_\_\_

*(Please make sure that you list the driver's license number for identification purposes)*

Special interests of the child(ren):  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_