



Extended Day Registration, School Year 2011-2012

Child's Name (1): _____ Birth date: _____ Sex: M F

Teacher: _____ Grade: _____ Bus #: _____

Child's Name (2): _____ Birth date: _____ Sex: M F

Teacher: _____ Grade: _____ Bus #: _____

Street Address: _____

Mother's Name: _____ Home Phone: _____ Cell/Other: _____

Mother's Workplace: _____ Phone: _____ Ext. _____

Father's Name: _____ Home Phone: _____ Cell/Other: _____

Father's Workplace: _____ Phone: _____ Ext. _____

Marital Status: _____ Custody Status: _____

Email Address(s): _____

IF PARENTS CANNOT BE REACHED, PLEASE CONTACT:

Name: _____ Relationship: _____ Phone: _____

Family Doctor: _____ Phone: _____ Hospital: _____

Allergies (list symptoms and treatment): _____

Are there any medical conditions the staff needs to be made aware of? _____

PERSONS AUTHORIZED TO PICK UP YOUR CHILD

(We will only release your child to the people on this list. Parents must notify the P&R office in writing of any changes)

The above child has my permission to participate in the Extended Day Program. I realize that the Recreation Department does not provide accident insurance and I accept full responsibility. I am in receipt of the Extended Day Manual and Behavior Agreement and agree to follow the programs policies and procedures.

_____/_____/_____
Parent's Signature Printed Name Date

Please check appropriate box below:

Yes, I would like receipts printed every time a change to my child's schedule is made

***No, I would not like receipts printed out when I make changes to my child's schedule**
**Please note you will still receive a receipt when your monthly calendar is handed in.*