

21-22 Extended Day Registration Form

Date: _____

Family Last Name: _____

Please list each child starting with the YOUNGEST:

Student name: _____ **Grade:** _____

Medical Allergies/Problems/Medication:

Student name: _____ **Grade:** _____

Medical Allergies/Problems/Medication:

Student name: _____ **Grade:** _____

Medical Allergies/Problems/Medication:

Student name: _____ **Grade:** _____

Medical Allergies/Problems/Medication:

Please list any adult (including parents) who has your permission to drop off or pick up your child (using your Login number) and can be contacted for school closings, if a parent cannot be reached:

Name	Relationship	Contact phone during Ext day hours
	Mom	
	Dad	



For Office use only:

Registration Fee Pd: Y N

Date paid: _____

Check # _____ Cash: _____