

2025-2026



Extended Care Program Family Registration

Please Print

Child's Name: _____ Date of Birth: _____ Grade: _____

Child's Name: _____ Date of Birth: _____ Grade: _____

Child's Name: _____ Date of Birth: _____ Grade: _____

Child's Name: _____ Date of Birth: _____ Grade: _____

Guardian 1: _____

Guardian 2: _____

Address: _____

Address: _____

Phone: _____ Email: _____

Phone: _____ Email: _____

In the event of an emergency or illness, the following persons may be notified if I am unable to be reached. They also have permission to release my child(ren) from Aftercare.

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Medical Contacts, In Case of Emergency

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Other: _____ Phone: _____

I Grant Permission to Provide First Aid & Transportation to Emergency Care Facilities:

Signature of Parent/Guardian _____ Date: _____

Child's Health Information Child's Medical/Health Needs:

Child's Allergies/Treatments:

Child's Dietary Needs/Restrictions:

Child's Medication(s): A Medication Form Must Be Completed and turned in to the school clinic for each medication administered during the school day. Medications are generally not administered during the Extended Care Program.

Please indicate how often you will be using the aftercare program.

____ Daily ____ 2-3 times per week ____ As needed

Family registration has a one-time \$25 yearly fee. Please submit the fee with this form.