

**EXTENDED DAY REGISTRATION  
2009-2010**

CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City Home Phone

Living with (circle appropriate) both parents mother father other \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_  
Home phone Cell phone

Place of employment \_\_\_\_\_ Work phone \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_  
Home phone Cell phone

Place of employment \_\_\_\_\_ Work phone \_\_\_\_\_

In case you cannot be contacted, who should be called next?

NAME \_\_\_\_\_  
Home phone Cell phone

Please list the names and phone numbers of all those you authorize to pick up your child from the Extended Day Care Program. Identification will be required.

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ CELL \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ CELL \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ CELL \_\_\_\_\_

Circle the number of days per week: Monday Tuesday Wednesday Thursday Friday Will vary \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_