

EXTENDED DAY STUDENT
REGISTRATION/EMERGENCY FORM

Name of Child _____

Date of Birth _____

Address _____

Home Phone Number _____

Parent/Guardian Names _____

Father's Work Number _____

Mother's Work Number _____

Cell Phone Number _____

Two persons who can be contacted in case of an emergency:

Name _____

Home Phone _____

Work Phone _____

Name _____

Home Phone _____

Work Phone _____

Child's Health Information

List allergies, chronic condition, health problems that we should be aware of:

List the authorized people who can sign out the student:

Name _____

Relation to student _____

A written note signed by the parent is needed to authorize any other adult to sign out the student.

Is there anything else we should know about your child?

Parent's signature _____

Date _____