

**Extended Care Registration Form
2019-2020**

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Parents' Names _____

Address _____

City, Zip _____

Home Phone _____

Father's Cell Phone _____ May text to this number? _____

Mother's Cell Phone _____ May text to this number? _____

Other Phone Numbers _____

Please check all that apply:

Before-school care:

___ **Occasional** use of before-school care

___ **Regular, ongoing** use of before-school care

___ Monday through Friday

___ Part-time (not every day M-F): Write days of the week:

Time intending to drop off: _____

After-school care:

___ **Occasional** use of after-school care

___ **Regular, ongoing** use of after-school care

___ Monday through Friday

___ Part-time (not every day M-F): Write days of the week:

Time intending to pick-up: _____

Other schedule variations: _____

Emergency Contact #1 (other than parents):

Name _____ Relationship _____

Phone Numbers _____

Emergency Contact #2 (other than parents):

Name _____ Relationship _____

Phone Numbers _____

Emergency Contact #3 (other than parents):

Name _____ Relationship _____

Phone Numbers _____

Allergies:

Individuals authorized to pick-up (in addition to parents and emergency contacts):

Only the individuals listed below will be allowed to pick up child(ren). Please include older siblings names who are authorized to pick-up your child(ren).

Name:

Cell Phone Number:

I hereby register for my child's participation in the Wheaton Christian Grammar School Extended Care program. I agree to abide by the fees, guidelines, and parameters expressed by the school in the Extended Care Parent Handbook, and understand that Wheaton Christian Grammar School has the sole right to amend or end the program at any time. I understand that amendments to my student(s) authorized pick-up list must be made by me in writing.

Registering parent's name

Date