



Extended Care Enrollment Form

Student's name: _____

Birthday: _____ Class: _____

Is child potty trained? Yes No

Does the student have allergies, or any other medical needs for which we need to be aware?

I am enrolling my child for the following days per week:

AM _____ 5 days/week _____ other days noted _____

PM _____ 5 days/week _____ other days noted _____

_____ occasionally as needed

Mother/Guardian's name: _____

Cell #: _____ Is text messaging ok? Yes No

Home #: _____ Work or other phone #: _____

Father/Guardian's name: _____

Cell #: _____ Is text messaging ok? Yes No

Home #: _____ Work or other phone #: _____

Emergency contacts if parents/guardians cannot be reached:

1. Name: _____ Relationship: _____

Cell #: _____ Other #: _____

2. Name: _____ Relationship: _____

Cell #: _____ Other #: _____