

Morning and Extended Care Program

Registration Form

Family Name(s): _____

Service Needed:

Child: _____

AM PM

Child: _____

Child: _____

Child: _____

Contact Information:

Parent Name: _____

Cell: _____ **Work:** _____

Parent Name:

Cell: _____ **Work:** _____

E-mail Address: _____

Secondary Contact Information: (in event parent can't be reached first)

Name: _____ **Relationship to child:** _____

Phone Number: _____

Name: _____ **Relationship to child:** _____

Phone Number: _____

Allergy Information: _____

Name any person(s) NOT ALLOWED to pick-up your child(ren):

Once you sign up, no matter if you pick AM or PM your family is registered for both sessions and can come at any time to either session.