

EXTENDED DAY REGISTRATION

Date _____

Student Information

Name _____ Name Used _____

Address _____

City, State, Zip _____

Grade _____ Birthdate _____ Age _____

Mother _____ Father _____

List any allergies or medical conditions that we should know about in order to care for your child:

List all names, relationships, and phone numbers to contact, regarding your child, in order that they need to be called:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

List all names that your child can be dismissed with:

_____	_____
_____	_____
_____	_____

In the event of an emergency, list the Doctor to call and any other emergency contact information (including your information).

PLEASE BRING A PILLOW AND LIGHT COVER FOR NAP TIME.