

# John A. Crookshank Registration Form 2021-2022

**(ALL REGISTRATION FEES ARE NON-REFUNDABLE)**

**Registration Fees**

Single Child: \$50, Family: \$70 (2 or more children)  
**Wednesday Only:** Single Child: \$25, Family: \$35

**Office Use Only:**

Date Enrolled: \_\_\_\_\_  
 Date Rec'd: \_\_\_\_\_  
 QB Entry: \_\_\_\_\_

**Program Needed (Check One)**

AM Care Only \_\_\_ PM Care Only \_\_\_ Combined Care (*both AM & PM*) \_\_\_ Wednesday Only \_\_\_

(1) Child's Name \_\_\_\_\_  
 (Last) (First) (MI)  
 Male/Female Date of Birth \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

(2) Child's Name \_\_\_\_\_  
 (Last) (First) (MI)  
 Male/Female Date of Birth \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

(3) Child's Name \_\_\_\_\_  
 (Last) (First) (MI)  
 Male/Female Date of Birth \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent/Guardian's Information **(This Information MUST be filled out completely)**

Persons permitted to pick up your child: Mother: Yes\_\_\_ No\_\_\_ Father: Yes\_\_\_ No\_\_\_

**If "No" to above, legal custody documentation must be on file in the office to legally enforce.**

Child Resides with:  Both parents  Mom  Dad  Other\_\_

	Parent/Guardian #1	Parent/Guardian #2
Name of Parent/Guardian		
Home #		
Work #/Cell #		
Home Street Address		
City, State, Zip		
E-Mail Address		
Name of Employer		
Address of Employment		

Child pick-up /Emergencies: John A. Crookshank Elementary Extended Day Program is hereby authorized to release my child to the following individuals (**please provide at least one**). These individuals may also be contacted in the event of illness or accident.

Name	Relationship	Home Phone #	Work Phone #	Cell #

Special instructions, allergies, or medical concerns:

\_\_\_\_\_  
 Parent/Guardian's Signature

\_\_\_\_\_  
 Date