

# John A. Crookshank Elementary School Extended Day Registration Form

(All Registration Fees Are Non-Refundable)

**Registration Fees**

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

**Office Use Only:**

Date Enrolled: \_\_\_\_\_  
 QB Entry: \_\_\_\_\_  
 Date Received: \_\_\_\_\_

Program Needed (Check One)

AM Care Only \_\_\_ PM Care Only \_\_\_ Combo Care (AM+PM) \_\_\_ Wednesday Only \_\_\_

(1) Child's Name \_\_\_\_\_

(Last), (First), (Middle Initial)

Circle: Male/Female Date of Birth \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

(2) Child's Name \_\_\_\_\_

(Last), (First), (Middle Initial)

Circle: Male/Female Date of Birth \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

(3) Child's Name \_\_\_\_\_

(Last), (First), (Middle Initial)

Circle: 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.

(Circle) Child Resides with: Both parents-Both parents\* Mom\*Dad\*Other

Parent/Guardian #1

Parent/Guardian #2

Name:	Name:
Main#:	Main#:
Alt. Phone#:	Alt. Phone#:
Address:	Address:
Employer:	Employer:
Address of Employer:	Address of Employer:

Please list any medications/allergies

**Pick-Up/Emergencies:** In case of an emergency or in the event of illness, I authorize the John A. Crookshank Extended Day program to release my child to the following... (Please list a current, working number and the relationship to your student.

Name:	Name:	Name:
Relationship:	Relationship:	Relationship:
Tel.#	Tel.#	Tel.#

Parent Signature

Date