

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)
 Wed. 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.

Parent/Guardian #1

Parent/Guardian #2

Name:	Name:
Main#:	Main#:
Alt. Phone#:	Alt. Phone#:
E-mail:	E-mail:
Employer:	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:
Phone #:	Phone #:	Phone #:

Parent Signature_____

Date_____