



Extended Care Registration

2026-2027

Student's Name: _____ Grade/Teacher _____

Student's Name: _____ Grade/Teacher _____

Best Way to Reach Parent/Guardian:

Primary (call first) _____ Relationship to child: _____

Address: _____

Phone # wk. _____ cell _____ email: _____

Secondary (call second) _____ Relationship to child: _____

Address: _____

Phone # wk. _____ cell _____ email: _____

Emergency Information:

Allergies: (list) _____

Dr.: _____ Phone # _____

Dentist: _____ Phone # _____

Authorization to Pick Up:

1. _____ Phone # _____

2. _____ Phone # _____

3. _____ Phone # _____

4. _____ Phone # _____

Days of week/time you would like care. (Circle each one)

Mon. / Tues. / Wed. / Thurs. / Fri.

Before Care: 7 – 8 am / After Care: 3 – 6 pm / Both am & pm / Drop-In Only

*Please note that children picked up after 6 pm will be charged \$1.00 per minute, with a minimum \$12.00 charge.