



Extended School Day Enrollment

Student Name	Gender	Date of Birth	Grade Entering
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parents' Names: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____

Parent Information:

Father's Employer: _____
 Position: _____
 Business Phone: _____ Cell Phone: _____
 Email: _____

Mother's Employer: _____
 Position: _____
 Business Phone: _____ Cell Phone: _____
 Email: _____

Name of persons authorized to take child: (other than parents):

Name: _____ Relationship: _____ Phone: _____
 Name: _____ Relationship: _____ Phone: _____
 Name: _____ Relationship: _____ Phone: _____

Any Allergies?: _____
 Physician: _____ Phone: _____

The school has permission to call the above Physician: Yes No

Parent Signature _____ Date _____

Please mark date and times you will need care for scheduled care:

Monday: _____ Tuesday: _____ Wednesday: _____
 Thursday: _____ Friday: _____