



# Central Lutheran School Extended Care Registration Form 2011-2012

(Complete one form per child)



**\*A non-refundable registration fee of \$10.00 must accompany this form.**

## STUDENT INFORMATION

Gender (please circle) M --- F

Grade student will enter in 2011-12 \_\_\_\_\_

Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First) (Middle)

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

STUDENT BIRTHDATE: \_\_\_\_\_

Days needing the Extended Care program: M T W Th F Drop-in Time of pick-up (if known): \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

**FATHER** \_\_\_\_\_ HOME PHONE (if different from student) # \_\_\_\_\_

ADDRESS IF DIFFERENT THAN STUDENT \_\_\_\_\_

CELL NUMBER \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

**MOTHER** \_\_\_\_\_ HOME PHONE (if different from student) # \_\_\_\_\_

ADDRESS IF DIFFERENT THAN STUDENT \_\_\_\_\_

CELL NUMBER \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

## OTHER INFORMATION

EMERGENCY CONTACTS:

1.) \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

2.) \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

WHO HAS PERMISSION TO PICK UP THE CHILD FROM EXTENDED CARE (IN ADDITION TO PARENT/GUARDIAN):

1.) \_\_\_\_\_ 3. \_\_\_\_\_

2.) \_\_\_\_\_ 4. \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

