

ASCS EXTENDED DAY PROGRAM REGISTRATION FORM

Date: _____

Child's Name _____ Grade _____ Birth Date _____

Address _____ Zip _____ Tel. _____

Mother's Name _____

Mother's Employer _____ Work Tel. _____

Father's Name _____

Father's Employer _____ Work Tel. _____

Who should be contacted if neither parent can be reached in an emergency?

Name _____ Tel. _____

Relationship _____

Other than the names above, who may pick up the child?

1. _____ Relationship _____

2. _____ Relationship _____

3. _____ Relationship _____

Allergies, chronic conditions, health problems _____

Please list any other information that may be helpful to school
