

# ASCS EXTENDED DAY PROGRAM REGISTRATION FORM

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Home Tel. \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Work Tel \_\_\_\_\_ Cell \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Employer \_\_\_\_\_

Work Tel \_\_\_\_\_ Cell \_\_\_\_\_

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 your child?

1. \_\_\_\_\_ relationship \_\_\_\_\_

2. \_\_\_\_\_ relationship \_\_\_\_\_

3. \_\_\_\_\_ relationship \_\_\_\_\_

Allergies, chronic conditions, health problems \_\_\_\_\_

\_\_\_\_\_

Please list any other information that may be helpful to the school

\_\_\_\_\_