

**Extended Care Registration Form
2023-2024**

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Parents' Names _____

Address _____

City, Zip _____

Email Address(es) _____

Father's Cell Phone _____ May text this number? _____

Mother's Cell Phone _____ May text this number? _____

Other Phone Numbers _____

Please check all that apply:

Before-school care:

___ **Occasional** use of before-school care

___ **Regular, ongoing** use of before-school care

___ Monday through Friday

___ Part-time (not every day M-F): Write days of the week:

Time intending to drop off: _____

After-school care:

___ **Occasional** use of after-school care

___ **Regular, ongoing** use of after-school care

___ Monday through Friday

___ Part-time (not every day M-F): Write days of the week:

Time intending to pick-up: _____

Other schedule variations: _____

Emergency Contact #1 (other than parents):

Name _____ Relationship _____

Phone Numbers _____

Emergency Contact #2 (other than parents):

Name _____ Relationship _____

Phone Numbers _____

Emergency Contact #3 (other than parents):

Name _____ Relationship _____

Phone Numbers _____

Allergies:

Individuals authorized to pick-up (in addition to parents and emergency contacts):

Only the individuals listed below will be allowed to pick up your child(ren). Please include older siblings' names who are authorized to pick-up your child(ren).

Name:

Cell Phone Number:

I hereby register for my child's participation in the Wheaton Christian Grammar School Extended Care program. I agree to abide by the fees, guidelines, and parameters expressed by the school in the Extended Care Parent Handbook and I understand that Wheaton Christian Grammar School has the sole right to amend or end the program at any time. I understand that amendments to my student(s) authorized pick-up list must be made by me in writing.

Registering parent's name

Date