

**Extended Care Registration Form
2024-2025**

Student Name _____ Grade _____

Allergies: _____

Student Name _____ Grade _____

Allergies: _____

Student Name _____ Grade _____

Allergies: _____

Student Name _____ Grade _____

Allergies: _____

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: _____

Please Note: Those people listed as Emergency Contacts (including parents) during online enrollment in FACTS will be contacted in case of an emergency. These individuals are authorized to pick up your child(ren).

Additional individuals listed below will be allowed to pick up your child(ren):
(No need to list Emergency Contacts here.)

Name:

Relationship:

Cell Phone:

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