wheaton christian GRAMMAR SCHOOL est.1942

Extended Care Registration Form
2026-2027

Extended Care is a service offered to our families with two working parents.
We would respectfully ask that this service be reserved for families in this scenario.

Student Name: _____ Grade: _____

Allergies: _____

Student Name: _____ Grade: _____

Allergies: _____

Student Name: _____ Grade: _____

Allergies: _____

Parents' Names: _____

Address: _____ City/Zip: _____

Father's Email Address: _____

Mother's Email Address: _____

Father's Cell Number: _____ May we text this number? _____

Mother's Cell Number: _____ May we text this number? _____

Please check and complete all that apply:

BEFORE-School Care

- ☐ Occasional use of before-school care
- ☐ Regular, ongoing use of before-care

Days and times intending to *drop off*:

Monday	Tuesday	Wednesday	Thursday	Friday

AFTER-School Care

- ☐ Occasional use of after-school care
- ☐ Regular, ongoing use of after-care

Days and times intending to *pick up*:

Monday	Tuesday	Wednesday	Thursday	Friday

<u>Please Note</u>: 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).

<u>Additional</u> individuals listed below will be allowed to pick up your child(ren*).*

You do not 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 expresses by the school in the Extended Care Program Overview 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 child(ren)s authorized pick-up list must be made by me in writing.

Registering Parent's Name: _____ Date: _____