

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

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).

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: _____