

East Elementary Extended-Day Program
Official Registration Form

Special Instructions: _____

Child's Name _____ Grade _____ Teacher _____

Address _____

Age _____ Birth Date _____ Circle Days your child will attend: M T W TH F

Mother's Name _____ Phone _____ Cell _____

Place of work _____ Work phone _____

Father's Name _____ Phone _____ Cell _____

Place of work _____ Work Phone _____

**Medical Information(allergies or other problems): _____

Is child covered by Insurance? Yes No Insurance company _____

Doctor's Name _____ Phone _____

Name, relationship to child and phone # of person to be notified if parents cannot be reached:

(1) _____ Phone _____

(2) _____ Phone _____

(3) _____ Phone _____

Name, relationship and phone of persons authorized to pick-up child other than parents:

(1) _____ Phone _____

(2) _____ Phone _____

(3) _____ Phone _____

(4) _____ Phone _____

(5) _____ Phone _____

Brothers and sisters:

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Please sign:

Mother _____ Date _____

Father _____ Date _____

Guardian _____ Date _____