

Extended Care Registration Form

Session Number(s) _____

Do you need Before Care or After Care, or Both? _____

Days Needed (circle) : Monday Tuesday Wednesday Thursday Friday

Child's Name: _____ Male _____ Female _____

Parent Name: _____

Home Phone: _____ Alternate Phone: _____

Parent Name: _____

Home Phone: _____ Alternate Phone: _____

Emergency Contact: _____

Emergency Contact Phone: _____

***emergency contact will only be used if a parent cannot be reached**

Medical Conditions or Physical Limitations we should be aware of:

Is your child taking any prescription drugs: YES NO

If so, please list: _____

The following people are designated to pick up my child from camp:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Parent Signature: _____