



Central Lutheran School Extended Care Registration Form 2018-2019

(Complete one form per child)



***A non-refundable registration fee of \$10.00 PER FAMILY must accompany this form.**

STUDENT INFORMATION		Gender (please circle) M --- F	Grade student will enter in 2018-2019 _____
Name _____		(Last)	(First) (Middle)
Street _____	City _____	Zip _____	
Phone _____	Registration Paid: _____ Check # _____ Cash		
STUDENT BIRTHDATE: _____			
Days needing the Extended Care program: M T W Th F Drop-in			Time of pick-up (if known): _____

PARENT/GUARDIAN INFORMATION	
FATHER _____	HOME PHONE (if different from student) # _____
ADDRESS IF DIFFERENT THAN STUDENT _____	
CELL NUMBER _____	
BUSINESS PHONE _____	E-MAIL ADDRESS _____
MOTHER _____	HOME PHONE (if different from student) # _____
ADDRESS IF DIFFERENT THAN STUDENT _____	
CELL NUMBER _____	

OTHER INFORMATION	
EMERGENCY CONTACTS:	
1.) _____	PHONE NUMBER _____
2.) _____	PHONE NUMBER _____
WHO HAS PERMISSION TO PICK UP THE CHILD FROM EXTENDED CARE (IN ADDITION TO PARENT/GUARDIAN):	
1.) _____	3.) _____
2.) _____	4.) _____

SIGNATURE: _____	DATE: _____
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