



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 _____			
STUDENT BIRTHDATE: _____			
		Registration Paid: _____	Check # _____ Cash
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: _____
------------------	-------------