

Family Last Name: _____

Extended Day Program Registration
2011-2012

Please fill out and be sure to include the \$30.00 registration fee, one per family.

Parent/Guardian name(s): _____

In the event of an emergency, please list two phone numbers where you can be contacted between the hours of 2:00p.m. and 6:00p.m.

Phone #1: _____

Phone #2: _____

Name(s) of child(ren) participating in the Extended Day Program:

- | | |
|----------|--------------|
| 1. _____ | Grade: _____ |
| 2. _____ | Grade: _____ |
| 3. _____ | Grade: _____ |
| 4. _____ | Grade: _____ |
| 5. _____ | Grade: _____ |

Please list the names of other adults you give permission to pick your child(ren).

- | | |
|----------|--------------|
| 1. _____ | Phone: _____ |
| 2. _____ | Phone: _____ |
| 3. _____ | Phone: _____ |

Please sign below indicating we have your permission to release your child(ren) to the above listed people.

Parent/ Guardian signature: _____

PLEASE CALL MIKE HYVONEN AND LEAVE A VOICE-MAIL IF SOMEONE OTHER THAN THE MOTHER, FATHER OR GUARDIAN WILL BE PICKING UP YOUR CHILD(REN), EVEN IF LISTED ABOVE.

(317) 430-6685