

# CKRS Extended Day Program Registration Form

Family Last Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Other Number: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Other Number: \_\_\_\_\_

Child(ren) Name(s):

1. \_\_\_\_\_ Grade: \_\_\_\_\_ Medical Alert: Y or N

2. \_\_\_\_\_ Grade: \_\_\_\_\_ Medical Alert: Y or N

3. \_\_\_\_\_ Grade: \_\_\_\_\_ Medical Alert: Y or N

Please describe Medical Alert (ie: allergies, asthma, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Emergency contacts, other than parent/guardian. MUST HAVE TRANSPORTATION.

1. \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

2. \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

Day's needed for Extended Care:

*Morning Care (7:00am – 8:00am)*

Drop off time: \_\_\_\_\_

Mon.  Tues.  Wed.  Thur.  Fri

*Afternoon Care:*

4:00pm Pick Up

Mon.  Tues.  Wed.  Thur.  Fri

5:00pm Pick Up

Mon.  Tues.  Wed.  Thur.  Fri

6:00pm Pick Up

Mon.  Tues.  Wed.  Thur.  Fri

Would you like your child to complete his/her homework during their stay?  yes  no

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_