

**Grace Ev. Lutheran Church and School
262-251 7140 Ext. 109
Extended Care Program
Registration Form**



Student Name (First/Middle/Last) _____

Grade in School _____ School Year _____

Address _____

City _____ State _____ Zip _____

Parent(s) Name _____

Home Phone Number _____ Email: _____

Mothers Work Name & Address _____

Days of the Week _____ Hours _____

Mothers Work Phone _____ Cell Phone Number _____

Fathers Work Name & Address _____

Days of the Week _____ Hours _____

Fathers Work Phone _____ Cell Phone Number _____

Emergency Contact Name and Phone

1. _____

2. _____

3. _____

OVER.....

Please check all days and times Extended Care is needed. The Program is available Monday through Friday from 6:00 a.m. to 6:00 p.m.

Monday_____

Tuesday_____

Wednesday_____

Thursday_____

Friday_____

\$36.00 Registration Fee Paid_____ Date_____ Cash_____ or Check Number_____

Please list and describe any medical conditions or allergies that the Extended Care Staff should be aware of.

If needed the emergency cards on file in the Grace Lutheran School Office for the current academic year will be used for needed information. Parent signature below authorizes the use of this information as well as permission for the Extended Care Staff to call 911 for emergency medical needs.

Parent Signature _____ Date_____

My child has my permission to be given Tylenol or other brands of acetaminophen while in the Extended Care program. YES___ NO___

Parents Signature_____ Date_____