

Extended Care Information

(Please complete this form whether you plan to use extended care or not)

Parents' Names _____

Children's Names _____

Phone numbers to call in an emergency (please circle the number we should try first):

Mother (list all possible numbers) _____

Father (list all possible numbers) _____

Other (Name, relationship to child, number) _____

Other (Name, relationship to child, number) _____

Extended care provides a snack each day. Does your child have any food allergies that we should be aware of? _____

Please list any and all names of persons who are permitted to pick up your child from extended care:

Note: If a person other than those listed is to pick up your child, you MUST notify the school before your child will be released to that person.

*If there is anything else you would like us to know, feel free to use back of form.