

East Elementary Extended Day Program

Official Registration Form

Medical information, allergies, all other special instructions:

Child's Name _____ Grade _____ Teacher _____

Address _____ Home phone _____

Mother's Name _____ Phone (cell) _____

Mother's place of work _____ Phone _____

Father's Name _____ Phone (cell) _____

Father's place of work _____ Phone _____

Is child covered by insurance? Yes No Insurance company _____

Policy Number(s) _____

Doctor's name _____ Phone _____

Name, relationship, and phone of persons authorized to be notified if parents cannot be reached:

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

Name, relationship, and phone of people allowed to pick up child other than listed above:

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

4. _____ Phone _____

Brothers/Sisters names, grades, school:

1. _____

2. _____