

Park Ridge Board of Education Extras
Summer EXTRAS
Registration/Contact Form

Child's Name	Grade	Teacher	School	Date of Birth	Allergies

Circle One: Before & After School Before School Only After School Only Drop In

Circle Days: Monday Tuesday Wednesday Thursday Friday

	Mother	Father
Name		
Home Address		
Home Phone #		
Cell Phone #		
Work Phone #		
Employer's Name		
Email		

In case of emergency (illness, alternate pick-up, late pick-up) the following people have permission to pick up my child:

	Contact 1	Contact 2	Contact 3
Name			
Relationship			
Home Phone #			
Work Phone #			
Cell Phone #			
Address			