

Carver School for Math, Science, and Technology
Extended Day Program Registration Form (2024-2025)

Student's Name: _____ Grade: _____ Teacher: _____

Date of Birth: _____ Address: _____

Mother/Guardian's Name: _____ Phone #: _____

Place of Employment: _____ Phone #: _____

Father/Guardian's Name: _____ Phone #: _____

Place of Employment: _____ Phone #: _____

MEDICAL INFORMATION: allergies, nosebleeds, etc. () Yes () No

If yes, state medical information:

Permission to seek medical treatment if unable to reach parents: () Yes () No

Name and Phone #'s of people other than parents/guardians with permission to pick up student or call in case of emergency:

1. Name: _____ Number: _____

2. Name: _____ Number: _____

3. Name: _____ Number: _____

4. Name: _____ Number: _____

5. Name: _____ Number: _____

Primary Email Address: _____

I understand that there is an annual registration fee in the amount of \$5.00. () Yes () No

How often do you think you will need your child to attend our Extended Day program?

() Drop In (As Needed Only) () 1-2 Days a Week () 3-4 Days a Week () 5 Days a Week

Parent Signature

Date