

Date of Admission: _____
First Date of Attendance

FaithWest Academy

Extended Care Registration Form 2017-2018

(One registration form per family)

Please complete the following form and attach a check for the \$25.00/child or \$40.00/family required registration fee if you are planning on using extended care either on a monthly or drop-in basis.

Child's Name _____ Age _____ Grade _____

Child's Name _____ Age _____ Grade _____

Child's Name _____ Age _____ Grade _____

Home Address _____

Mom's Name _____ Daytime Phone # _____

Dad's Name _____ Daytime Phone # _____

Parent Email (s) _____

In the event your child(ren) must be picked up early due to non-emergency illness or school closure, list those individuals who would be most able to pick up your child(ren) in order of accessibility.

Name: _____ Phone: _____ Relationship: _____

Address: _____

Name: _____ Phone: _____ Relationship: _____

Address: _____

Name: _____ Phone: _____ Relationship: _____

Address: _____

Please list any allergies or medical conditions of which we should be aware:

Please note: medications will not be administered during Extended Care.

HOMEWORK:

I would like my child(ren) to participate in the homework group during extended care. Yes ___ No ___

Parent/Guardian Signature

Date

For Office Use: Registration Fee Paid ___Yes___ ___No___ Cash ___ Check Number: ___

