

Date of Admission: _____
First Date of Attendance

FaithWest Academy
Extended Care Registration Form 2020-2021
(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. If your child has any allergies, there is a form that MUST be completed by their physician for their file and posted for employees to see.

Parent/Guardian Signature _____

Date _____

For Office Use: Registration Fee Paid Yes No Cash Check Number: _____

