



St. John's Lutheran School

Extended Care Registration Form

2018-2019

Equipped · Engaged · Encouraged

Child's Name _____

Address: _____

City: _____ Zip Code: _____ Phone: _____

Child's Birthday: _____

My child is authorized to be picked up by:

Name:

Relationship:

Please write in the times your child may be using Extended Care so we can provide proper staffing.

_____ My child(ren) will use Extended Care on an as needed basis

_____ My child(ren) will use Extended Care on a regular basis

Please mark the days needed below:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	_____	_____	_____	_____	_____
PM	_____	_____	_____	_____	_____

I have received the Extended Care Handbook and agree to abide by all fees and policies.

Parent/Guardian Signature _____ Date _____