

**EXTENDED CARE REGISTRATION
ENROLLMENT FORM 2016-2017**

NAME OF CHILD	AGE	GRADE

ALLERGIES		
NAME OF CHILD	ALLERGIC TO ...	RECOMMENDED TREATMENT

CONTACT INFORMATION				
(INCLUDE ALL CONTACTS WHO ARE ALLOWED TO PICK UP CHILD OR WHO SHOULD BE CONTACTED IN AN EMERGENCY)				
PLEASE INDICATE IF CONTACT IS CHILD'S SIBLING				
NAME	WORK NUMBER	HOME NUMBER	CELL NUMBER	ALLOWED TO PICK UP CHILD?