

# St. John's Lutheran School

## Extended Care Program Registration Form

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_

Primary Guardian: \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

*The following people have permission to pick-up my child(ren) from After Care:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

*"I agree to the terms and conditions as stated on the Extended Care Information form.  
I will be responsible for the Extended Care Program payments."*

Signature: \_\_\_\_\_ Date \_\_\_\_\_