

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** _____