

RSG Extended Care Registration Form

2020-2021

Parent Name: _____ Cell# _____

Student Name(s): _____ Grade _____ M/F

_____ Grade _____ M/F

_____ Grade _____ M/F

_____ Grade _____ M/F

BILLING INFORMATION:

Name of Responsible Party: _____

Cell: _____ Work#: _____ Home#: _____

Email address: _____

EMERGENCY INFORMATION:

Mother Cell #: _____ Father Cell #: _____

Physician Name: _____ Phone: _____

Allergies or medications: _____

Emergency numbers/ other person authorized to pick up your child:

No student will be allowed to leave with anyone other than those named below unless you send written permission or call Extended Care.

_____ Relationship: _____ Phone#: _____

_____ Relationship: _____ Phone#: _____

_____ Relationship: _____ Phone#: _____

_____ Relationship: _____ Phone#: _____

Check the program for which you are registering (**cost per month per child**):

_____ Morning Care (6:15 – 7:00 am) **\$45**

_____ Morning/Afternoon Care **\$125**

_____ Afternoon Only (3:00 – 6:00 pm) **\$100**

Parent Signature: _____ Date: _____