



# EXTENDED DAY PROGRAM

## Beginning School Student Registration Form

- PLEASE COMPLETE THIS FORM AND RETURN IT TO THE MCCARTHEY CAMPUS AS SOON AS POSSIBLE.
- FILL OUT A SEPARATE FORM FOR EACH CHILD WHO WILL ATTEND THIS PROGRAM.
- ADDITIONAL FORMS ARE AVAILABLE AT THE BEGINNING OR LOWER SCHOOL RECEPTION DESK.

### REGISTRATION

Student's Name \_\_\_\_\_ Birthday \_\_\_\_\_

Parents' Names \_\_\_\_\_

Home Phone Number(s) \_\_\_\_\_

Student's Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Circle the days/times you wish to register your child for the Beginning School Extended Day Program.

11:30 A.M. - 3:00 P.M.	M	TU	W	TH	F
3:15 P.M. - 5:30 P.M.	M	TU	W	TH	F

**\*\*Please list any special concerns regarding your child on the back of this form.**

Authorized Adults who may pick-up my child:

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_

*We require a written note if someone other than an authorized adult is picking up your child.*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_