

**PRAISE ACADEMY EXTENDED CARE/ASP REGISTRATION FORM**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

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Student Name \_\_\_\_\_ Grade \_\_\_\_\_

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

Address \_\_\_\_\_

City, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_

Other Phone Numbers \_\_\_\_\_

Please check all that apply:

**Before-school care:**

\_\_\_\_ **Occasional** use of before-school care

\_\_\_\_ **Regular, ongoing** use of before-school care

\_\_\_\_ Monday through Friday

\_\_\_\_ Part-time (not every day) / Circle Days of the Week: **Mon** **Tues** **Wed** **Thurs** **Fri**

Time intending to drop off: \_\_\_\_\_

**After-school care:**

\_\_\_\_ **Occasional** use of after-school care

\_\_\_\_ **Regular, ongoing** use of after-school care

\_\_\_\_ Monday through Friday

\_\_\_\_ Part-time (not every day) / Circle Days of the Week: **Mon** **Tues** **Wed** **Thurs** **Fri**

Time intending to pick-up: \_\_\_\_\_

Other schedule variations: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact #1 (other than parents):

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

Phone Numbers \_\_\_\_\_

Emergency Contact #2 (other than parents):

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

Phone Numbers \_\_\_\_\_

Emergency Contact #3 (other than parents):

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

Phone Numbers \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Individuals authorized to pick-up (in addition to parents and emergency contacts):

Only the individuals listed below will be allowed to pick up child(ren). Please include older siblings' names who are authorized to pick-up your child(ren).

Name & Cell Phone Number:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby register for my child's participation in the Praise Academy Extended Care program. I agree to abide by the fees, guidelines, and parameters expressed by the school in the Extended Care Parent Handbook, and understand that Praise Academy has the sole right to amend or end the program at any time. I understand that amendments to my student(s) authorized pick-up list must be made by me in writing.

\_\_\_\_\_

Registering parent's name

\_\_\_\_\_

Date