



EXTENDED CARE REGISTRATION FORM - School Year _____

Family Information:

Name of Child _____ M _____ F _____

Home Phone _____ Marital Status of Parents _____

Father's Cell Phone _____ Mother's Cell Phone _____

Father's Name _____ Place of Work _____ Wk. Phone _____

Mother's Name _____ Place of Work _____ Wk. Phone _____

Alternate Emergency Contact Name _____ Phone Number(s) _____

Medical Information:

Pediatrician's Name and Phone Number _____

Has your child had any serious illness, epilepsy, or other information we should know about? _____

Explain: _____

Food Allergies: _____

Other Allergies: _____

Other Information:

I give permission to Cornerstone Christian School, licensed by the Michigan Department of Licensing and Regulatory Affairs, to secure emergency medical and/emergency surgical treatment for the above named child while in our care.

Parent/Legal Guardian Signature: _____ Date: _____

Names and phone numbers of persons other than Parent or Legal Guardian to whom child may be released:

Please circle days and times of use.

Monday	Tuesday	Wednesday	Thursday	Friday
7:30am-8:00am 3:45pm-5:45pm	7:30am-8:00am 3:45pm-5:45pm	7:30am-8:00am 3:45pm-5:45pm	7:30am-8:00am 3:45pm-5:45pm	7:30am-8:00am 3:45pm-5:45pm

This registration form must be submitted before the child may attend. The annual non-refundable fee of \$25 per family may be paid now or may be added to the first bill.

For Office Use Only

Date Received _____ Registration Fee _____ Check Number _____