

EXTENDED CARE APPLICATION

CHILD(REN)

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

PARENTS INFORMATION

Father's Name _____
Last First Middle

Mother's Name _____
Last First Middle

Parent's Address _____
City State Zip Code

Dad Work Phone _____ Dad Cell Phone _____

Mom Work Phone _____ Mom Cell Phone _____

My child(ren) will be in Eagle's Nest Childcare for the following sessions: AM PM till 4:30 PM till 6:00

My child(ren) will be using Eagle's Nest Childcare beginning: _____
Date

I wish to prepay: Yearly Monthly

Parent Signature

Date

TO WHOM MAY YOUR CHILD BE RELEASED?

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

EMERGENCY PROCEDURES

List in order the steps you want the school to take in the event of serious illness. 1 2 3 4 5

____ Contact Father ____ Contact Mother ____ Contact Other Individual(s) _____

____ Contact Doctor NAME _____ Phone _____

____ Take whatever steps the school deems necessary for care of my child.

Father/Guardian Signature

Date

Mother/Guardian Signature

Date