



# St. John's Lutheran School

## Extended Care Registration Form

### 2022-2023

Equipped · Engaged · Encouraged

Child's Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Birthday: \_\_\_\_\_

My child is authorized to be picked up by:

Name:

Relationship:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please write in the times your child may be using Extended Care so we can provide proper staffing.

\_\_\_\_\_ My child(ren) will use Extended Care on an as needed basis

\_\_\_\_\_ My child(ren) will use Extended Care on a regular basis  
Please mark the days needed below:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	_____	_____	_____	_____	_____
PM	_____	_____	_____	_____	_____

I am aware the policies and procedures for Extended Care are available on the school website ([www.stjohnslagrange.org](http://www.stjohnslagrange.org)) in the Extended Care Handbook

Parent/Guardian Signature

Date