

PCS Extended Care Program

REGISTRATION FORM

Family Name: _____

Student 1: Name: _____ Grade: _____

Student 2: Name: _____ Grade: _____

Student 3: Name: _____ Grade: _____

Parent/Guardian Name:

Mother/Guardian Name: _____

Home Phone: _____ Work Phone: _____

Cell Number: _____ E-mail: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Father/Guardian Name: _____

Home Phone: _____ Work Phone: _____

Cell Number: _____ E-mail: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

***Additional Emergency Contact Name & Number:** _____

Signature of Parent or Guardian

Date