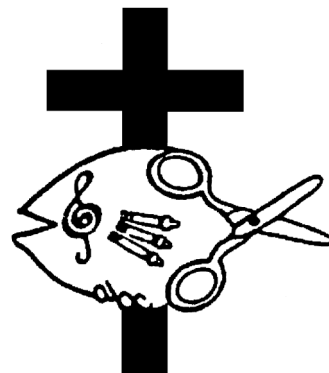


# GRADE SCHOOL EXTENDED CARE REGISTRATION



## FIRST LUTHERAN CHURCH PRE-SCHOOL & EXTENDED CARE

300 Melmore Street  
Tiffin, Ohio

419 - 447 - 1145  
FLECTIFFIN@YAHOO.COM

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

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ Male / Female

Mother's Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Child resides with:  Mom  Dad  Both

Child's Primary Residence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

These people are authorized to pick up my child:

1. \_\_\_\_\_

2. \_\_\_\_\_

Emergency Contacts Information:

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

Phone Number: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

List all allergies and any special precautions for treatments indicated for these allergies: \_\_\_\_\_

\_\_\_\_\_

List any medications, food supplements, modified diets, or fluoride supplements currently being administered to the child: \_\_\_\_\_

List any chronic physical problems and any history of hospitalization: \_\_\_\_\_

\_\_\_\_\_

List any disease your child may have: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Extended Care Service

Requested For Kindergarten  
through 5<sup>th</sup> Grade

What hours will you need this service?

Before school from \_\_\_\_\_ a.m.  
to the start of school.

After school, from dismissal until  
\_\_\_\_\_ p.m.

On certain days: (please circle)  
AM: M T W TH F  
PM: M T W TH F

Please return this Registration Form with your \$30 registration fee to First Lutheran Church. Enrollment does not become official until the completed registration form and fee are received by the Director.

**OFFICIAL USE:**

Entry date: \_\_\_\_\_