

**Carver School for Math, Science, and Technology**  
**Extended Day Program Registration Form**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone #: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone #: \_\_\_\_\_

**MEDICAL INFORMATION:** allergies, nosebleeds, etc.     Yes     No

If yes, state medical information:

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

Permission to seek medical treatment if unable to reach parents:  Yes     No

Name and Phone #'s of people other than parents/guardians with permission to pick up student or call in case of emergency:

1. Name: \_\_\_\_\_ Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Number: \_\_\_\_\_

3. Name: \_\_\_\_\_ Number: \_\_\_\_\_

4. Name: \_\_\_\_\_ Number: \_\_\_\_\_

5. Name: \_\_\_\_\_ Number: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

I understand that there is an annual registration fee of \$5.00.  Yes     No

How often do you think you will need your child to attend our Extended Day program?

Drop In (As Needed Only)     1-2 Days a Week     3-4 Days a Week     5 Days a Week

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date