

# TROY CITY SCHOOLS EXTENDED DAY PROGRAM STUDENT REGISTRATION FORM

Student's Name \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Work Place \_\_\_\_\_

Contact Numbers:      Father                      Mother                      Guardian

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Telephone Number: \_\_\_\_\_

List of names who are allowed to pick up student:

<u>Name</u>	<u>Relation to Student</u>
_____	_____
_____	_____
_____	_____

Health Concerns (include any allergies):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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