



Pike Road School
Application for Extended Care Services
500 Avenue of Learning, Pike Road AL 36064
334-420-5310 info@pikeroadschools.org

PARENT PERMISSION AND STUDENT INFORMATION – Extended Care Services

I give my child permission to participate in: _____ After School Care Program (_____ Regular _____ Drop In)
_____ Before School Program

Student's Name

Community

Date of Birth

Parent/Guardian Name (Print)

Signature

Date

Home Address

City, State, Zip

Cell Number

Work Number

Home Number

Email

Secondary Email

Parent 2/Guardian 2 Name (Print)

Email

Home Address

City, State, Zip

Cell Number

Work Number

Home Number