



THE HERITAGE SCHOOL
EXTENDED CARE [EC-4th] & STUDY TIME [MS] REGISTRATION

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Parent(s) Name(s) _____

List all numbers where you may be reached:

Mother

Father

Home: _____

Home: _____

Work: _____

Work: _____

Cell: _____

Cell: _____

Other: _____

Other: _____

Emergency Information [person to contact if parents cannot be reached]

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Other Individuals authorized to pick up child(ren) from Extended Care or Study Time:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Parents: Please consider filling out and returning the Extended Care Registration Form for your child(ren) at the opening of school. If a form for your child is on file at the School, you will be able to use the Extended Care Program by calling the Director for the Extended Care Program.