

Shalom Christian Academy
EXTENDED CARE PROGRAM
2011- 2012

Student Name(s)	Grade
1. _____	_____
2. _____	_____
3. _____	_____

Primary Person to Pick up or Drop Off Student

Name _____

Relationship to Student _____

Phone # _____

Cell Phone # _____

Parent/Guardian

Name _____

Address _____

Home Phone # _____

Mother's Cell Phone # _____

Mother's Work Phone # _____

Father's Cell Phone # _____

Father's Work Phone # _____

Emergency Numbers

In the event we are unable to contact either parent, please list the name and number of another person who can be contacted.

Name _____

Home Phone # _____

Cell Phone # _____

Work # _____

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Indicate Times Needed

Morning Care (Begins at 7:00 a.m.)

- Monday, Arrival time _____ to 8:15 a.m.
- Tuesday, Arrival time _____ to 8:15 a.m.
- Wednesday, Arrival time _____ to 8:15 a.m.
- Thursday, Arrival time _____ to 8:15 a.m.
- Friday, Arrival time _____ to 8:15 a.m.

Afternoon Care (Ends at 5:30 p.m.)

- Monday, 3:15 p.m. to _____
- Tuesday, 3:15 p.m. to _____
- Wednesday, 3:15 p.m. to _____
- Thursday, 3:15 p.m. to _____
- Friday, 3:15 p.m. to _____

Date Care will begin _____

Comments/Notes
