

**BACKUP & Extended Day Care Registration**  
**815-814-5156**  
**2011-2012**

Parent(s) Name \_\_\_\_\_ email Address \_\_\_\_\_  
 Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Mom's Cell \_\_\_\_\_  
 Mom's Work # \_\_\_\_\_ Dad's Cell \_\_\_\_\_  
 Dad's Work # \_\_\_\_\_

Authorized Pick-up/Emergency Contacts:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's First Name	Child's Last Name	Drop Off Time	Pick-up Time	Grade in Fall	Birth Date

**BACKUP and Extended Day Care (please check all that apply)**

\_\_\_ I will need Extended Day Care Half Days on:                    M    T    W    TH    F  
 \_\_\_ I will need Extended Day Care Full Days on:                    M    T    W    TH    F  
 \_\_\_ I will need Morning BACKUP on:                                    M    T    W    TH    F  
 \_\_\_ I will need Afternoon BACKUP on :                                    M    T    W    TH    F

Allergies/health problems/medication student takes regularly:

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If neither parent can be contacted, I authorize the school personnel and the Marengo Rescue Squad to take such emergency action as necessary.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_