

ENROLLMENT FORM

St. Johns Extended School Program

9141 County Road 101 – Corcoran, MN 55340

Child's Name: _____ Birth Date: _____

Address: _____ Home Phone: _____

Father's Name: _____ Cell Phone: _____

Father's email address _____

Father's Place of Employment: _____ Work Phone: _____

Mother's Name: _____ Cell Phone: _____

Mother's email address _____

Mother's Place of Employment: _____ Work Phone: _____

Child lives with: Father Mother Both Other: _____

Names and ages of siblings: _____

Special Needs and Information: _____

The following persons are authorized to pick up my child and assume medical responsibility if I cannot be reached.

Name _____ Address _____ Telephone _____ Cell _____

Name _____ Address _____ Telephone _____ Cell _____

The following **ARE NOT** authorized to pick up my child:

Name _____ Address _____ Telephone _____

A registration fee of \$10.00 is due upon registering for the Extended School Program. I understand that this payment is non-refundable. Please make checks payable to **St. Johns Lutheran School**.

Students will not be allowed to attend the program if they are not registered.

I have read the *Parent Handbook* for St. Johns Extended School Program and agree to abide by the policies stated therein.

Date: _____ Parent or Guardian Signature: _____