



Student ID: _____

Enrollment Date: _____

NORTH COUNTY CHARTER ELEMENTARY SCHOOL

Extended Day Program Registration Form

Student name _____ Birth date _____ Grade _____

Mailing Address _____

City _____ Zip _____ Home Phone _____

Mother's Name _____ Cell Phone _____

Work Place _____ Phone _____

Father's Name _____ Cell Phone _____

Work Place _____ Phone _____

Health Conditions: _____

Allergies: _____

Emergency Contacts and Persons permitted to pick up child:

Name _____ Relationship to child _____

Phone _____ Work Phone _____

Name _____ Relationship to child _____

Phone _____ Work Phone _____

Name _____ Relationship to child _____

Phone _____ Work Phone _____

Name _____ Relationship to child _____

Phone _____ Work Phone _____

I give my consent for my child to participate in the NCCS Extended Day Program. I agree to release and discharge North County Charter School, its officers, agents, and employees exercising reasonable care within their scope of employment, from all liability, claims, damages, suits, judgments, and settlements involving personal injury and property damage resulting from or arising in connection with the Extended Day Program.

Parent Printed Name

Parent Legal Signature