

**MIDDLE SCHOOL EXTENDED CARE SERVICES PROGRAM
REGISTRATION FORM**

Please enroll my/our child/children named below. I/We acknowledge the procedures described in the program description. I/We recognize that aspects of the program are subject to change during the year due to enrollment, staffing, or other considerations.

STUDENT NAME(S)	GRADE	START DATE	END DATE

Is either parent an NSU employee? _____ Department _____

Custodial Parent: Father

Custodial Parent: Mother

Name _____ Name _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Phones: Home () _____ Phones: Home () _____

Work () _____ Cell () _____ Work () _____ Cell () _____

If parents are **unavailable**, please give name, relationship, and how to contact another person in an emergency between 3:30 and 5:30 p.m.

Who else has permission to pick your child up on a regular basis? Name? Relationship?

Parent Signature: _____ **Date:** _____