SHS P-8 Extended Care Enrollment Form
Please fill out the entire form and return it to Kat Kavanaugh.
Any questions or concerns, please contact Kat Kavanaugh at kkavanaugh@shschools.org

1. Child’s name: ___________________________________________  Grade: _____
2. Child’s name: ___________________________________________  Grade: _____

Please indicate which days you will be using Extended Care:

Days:  Monday _____  Tuesday _____  Wednesday _____  Thursday _____  Friday _____

Family’s Information

Name of Parent/Guardian and Relationship: __________________________________________
Home Phone Number: ________________________  Cell Phone Number: ________________
Email Address: __________________________________________

Name of Parent/Guardian and Relationship: __________________________________________
Home Phone Number: ________________________  Cell Phone Number: ________________
Email Address: __________________________________________

Child’s Information

Please inform us if your child has any dietary restrictions, allergies, or medications that they may need while they are at Extended Care.

Allergies:  _____________________________________________________________________

Dietary Restrictions:  _____________________________________________________________________

Medications:  _____________________________________________________________________

Emergency Contacts

Please list each contact relationship to the students

1. Name and Relationship: __________________________________________
   Home Phone Number: ________________________  Cell Phone Number: ________________
2. Name and Relationship: ____________________________________________________
   Home Phone Number: _______________     Cell Phone Number: _______________

If you cannot pick up your child, please give the names of persons to whom the child can be
released below:

1. Name and Relationship: ____________________________________________________
2. Name and Relationship: ____________________________________________________
3. Name and Relationship: ____________________________________________________

I understand that my child must always check in with Extended Care staff before going to
another on-campus activity.

Print Parent’s Name: _________________________________________________________
Parent’s Signature: _________________________________________________________