



Extended Day Program Registration

Student's full name: _____

Date of Birth: _____ Age: _____ Gender M /F Grade: _____

Approximate	Before School Drop Off Time <i>Between 7:00 - 8:15 am</i>	After School Pick Up Time <i>Between 2:45 - 6:00 pm</i>	As Needed Only
M	_____	_____	_____
T	_____	_____	_____
W	_____	_____	_____
Th	_____	_____	_____
F	_____	_____	_____

Mother's Information

Mother's name _____

Home address _____

Home phone _____

Occupation _____

Employer _____

Work Phone _____

Cell Phone _____

Father's Information

Father's name _____

Home address _____

Home phone _____

Occupation _____

Employer _____

Work Phone _____

Cell Phone _____

Best place to reach you? Home Work Cell Best place to reach you? Home Work Cell
 Others who have your permission to pick up your child _____

My child and I have received a copy of the North Clackamas Christian School Parent-Student Handbook. We understand all the school policies and rules apply to EDP, and agree to comply with these policies.

Signature of Student Date

Signature of Parent or legal guardian Date

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