

Thank you for being part of our Extended Day Family!

Extended Day - In Case of Emergency Contact Form

Child's Name: _____ Date of Birth: _____

Address: _____

Parent's Name _____ Phone: _____

Emergency Contact: _____ Phone: _____

Allergies/Medical Condition: _____

Doctor: _____ Phone: _____

Authorized Pickup: _____

Getting to Know You!

Please fill out with your child so that we can learn more about them.

1. I Like to: _____
2. I do not like: _____
3. When I'm upset, to calm down I like to: _____
4. My favorite activities are: _____
5. One fun fact about me: _____

Behavioral Agreement (Please read with your child and have then place a check after each expectation then sign below)

1. Be kind, polite and courteous to others. The Golden Rule! ____
2. Keep your hands and feet to yourself. ____
3. Be respectful of classmates, teachers, and property. ____
4. Listen to the teacher and classmates, and follow directions. ____
5. Show the F.I.S.H Traits and do your best! ____
6. Be honest. Tell the truth the first time. ____
7. Always ask permission to leave the classroom, gym, or group. ____

Childs signature _____ Parents signature _____