EXTENDED CARE REGISTRATION
2026-2027

Parents _____ Phone _____

Child(ren) _____ Grade _____

_____ Grade _____

_____ Grade _____

My children will be attending care:

_____ **Before School most days** _____ **Before School occasionally**

_____ **After School most days** _____ **After School occasionally**

_____ I have received the Parent Handbook for North American Martyrs Extended Care Program. I understand and agree to follow the guidelines of the program.

_____ _____

Parent Signature Date