

Columbia Elementary Extended Day Information Registration Form

Student(s) Name: _____
Date(s) of Birth: _____
Grade(s) Entering: _____ **Teacher(s):** _____
Address: _____

Mother's Name: _____
Address: _____
Cell Phone No: _____
Home Phone No: _____
Place of Employment: _____
Work Phone No: _____

Father's Name: _____
Address: _____
Cell Phone No: _____
Home Phone No: _____
Place of Employment: _____
Work Phone No: _____

Name of Insurance Company and Policy number

The Madison City School System has my permission to seek any medical treatment necessary for my child during a school-sponsored field trip.

Pick-up List - Persons who may check the child out without a note or phone call from the parents. In case of an emergency and neither parent can be reached we will call in the order of the names listed:

Name/Relationship	Phone Number

ANY CHANGES TO THE PICK-UP/EMERGENCY LIST MUST BE MADE BY THE PARENT (ex: if a contact is no longer allowed to pick up your child please notify extended day immediately)

IF YOUR CHILD IS ALLERGIC TO ANYTHING OR HAS A MEDICAL CONDITION WE SHOULD BE AWARE OF, LIST BELOW AND INFORM THE DIRECTOR.
