Extended Care Application

Child's Name:_____

       (Last)   *(First)*   *(Middle)*

☐ Male   ☐ Female   **Date of Birth:**_____   **Grade:**_____

Address:_____

      (Street)   *(City)*   *(State)*   *(Zip)*

Student of (Please check one):

☐ FLS   ☐ Kirksville R-III

Mother/Parent 1/Guardian _____

Occupation _____   **Where Employed** _____

Cell Phone _____   **Email** _____

Address *(If different from student)* _____

Marital Status: ☐ Married ☐ Separated ☐ Divorced ☐ Single

Father/Parent 2/Guardian _____

Occupation _____   **Where Employed** _____

Cell Phone _____   **Email** _____

Address *(If different from student)* _____

Marital Status: ☐ Married ☐ Separated ☐ Divorced ☐ Single

Person & Number to Call in Case of Emergency:

_____

Food Allergies/Other Health Concerns: _____

_____

Other Children in Family (name and age):

_____

Authorized pickup *(Please list __all__ people who will be allowed to pick up your child)*:

_____

_____