



Extended Day Program Registration

Family Name: _____
Address: _____
Phone: _____

Name of Students Attending	Grade	Allergies
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent Information:

Father: _____ Mother: _____
Address: _____
Phone #: _____
Cell #: _____

In case of emergency and parents are not available, you may contact:

Name: _____ Name: _____
Home #: _____ Home #: _____
Cell #: _____ Cell #: _____

I understand that all payments/billing will be made through SMART Tuition.

Signature of Parent

Date