

American Heritage School/American Academy

REGISTRATION FOR EXTENDED/CORPORATE CARE 2008-2009

Please enroll my child/children named below. Our staff gets to know each parent/guardian and we will be certain that an authorized person picks up your child/children only. To ensure that there will never be a problem, we ask that you list those responsible adults who are authorized to pick up your child.

* PLEASE NOTE *

You or your authorized representative will be required to give the administrator your child's 4-digit PIN (personal identification number) recorded in the appropriate space on this form. This number will be kept highly confidential and any adult may be asked to give us this number before we release the child.

YOUR CHILD SHOULD NOT KNOW THIS NUMBER!

<u>CHILD'S NAME /GRADE</u>	<u>PIN</u>	<u>TYPE OF ENROLLMENT</u>			
		Corporate Care	Full Year Extended	Quarterly Extended	Daily Extended
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

The following adults are authorized to pick up my child/children:

_____	_____
_____	_____
_____	_____

The corporate care staff will have access to all information on your EMERGENCY INFORMATION CARD. The procedure indicated on that card will also govern any contingencies that may occur during Corporate Care.

I acknowledge that I have read, understand and agree to the above policies for Extended/Corporate Care.

Parent/Guardian Signature

Date

Home Phone # _____

Work Phone # _____