



## McKinley Care Registration Form

### Parent/ Guardian Information:

Mothers First/Last Name: \_\_\_\_\_

Father's First/Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mom Home: ( ) \_\_\_\_\_

Dad Home: ( ) \_\_\_\_\_

Mom Work: ( ) \_\_\_\_\_

Mom Work: ( ) \_\_\_\_\_

Mom Email: ( ) \_\_\_\_\_

Dad Email: ( ) \_\_\_\_\_

Mom Cell Phone: ( ) \_\_\_\_\_

Dad Cell Phone: ( ) \_\_\_\_\_

### Child's Information:

First/Last Name \_\_\_\_\_

List any existing Medical Conditions, medications, and /or special attention your child may require.

\_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Pediatricians Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Emergency Contact:**

Emergency Contact Name	Relationship	Phone Number
1		
2		
3.		
4.		

We have a new policy starting the 2021-2022 School year  
You will tell us the days that you will need care for. We have a three-day, Four days, or five-day  
option. There are no more drop-in days

Day of The Week	Morning Care	Afternoon Care
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Please Contact Ani Larson for any questions about Morning /Afternoon care [alanson@petk12.org](mailto:alanson@petk12.org)