

CA EXTENDED CARE INFORMATION

FATHER'S INFORMATION		
Father's Name		
Father's Home Phone		
Father's Cell Phone		
Father's Work Phone		
MOTHER'S INFORMATION		
Mother's Name		
Mother's Home Phone		
Mother's Cell Phone		
M II I W I DI		
Mother's Work Phone		
AUTHORIZATION FOR PICK UP	NAME	PHONE
	NAME	PHONE
AUTHORIZATION FOR PICK UP	NAME	PHONE
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AUTHORIZATION FOR PICK UP Individual Authorized for Pick Up	NAME	PHONE

Please print your child(ren)'s name, grade, and record the expected time of pick up on the days your child(ren) will be attending the *Eagles' Nest*.

NAME OF STUDENT	GRADE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY