



Morning Star School of Pinellas Park, Inc.

4661 80th Avenue N
Pinellas Park, Florida 33781

Extended Day Registration

Student Name: _____ Grade: _____
Street Address: _____ Phone: _____
City/State/Zip: _____

Allergies/Medical Conditions

Please note any allergies and/or medical conditions of which the Extended Day personnel should be aware while caring for your child.

Does your child need to take medication during Extended Day? Y / N

If yes, what medication? _____

Please note that the school office is not always open during Extended Day hours.

Parent Information

Father/Guardian: _____ Daytime Phone: _____
Place of Business: _____ Occupation: _____
Work Phone: _____ Cell Phone: _____

Mother/Guardian: _____ Daytime Phone: _____
Place of Business: _____ Occupation: _____
Work Phone: _____ Cell Phone: _____

Emergency Contacts/Authorized Pick-Up:

Parents will always be contacted first in the event of an emergency. However, in the event that we cannot reach you, please list those individuals who are authorized to be contacted in case of an emergency and/or who may pick your child up from Extended Day. **Any person not on this list will be required to present a handwritten note from the parent/guardian and a valid driver's license before your child is released into his or her care. This is for the safety of our students.** Authorization is given to:

1. _____

Contact Name	Relationship	Cell #	Home #
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2. _____

Contact Name	Relationship	Cell #	Home #
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3. _____

Contact Name	Relationship	Cell #	Home #
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Your signature acknowledges that you have read and agree to all policies, fees and stipulations as set forth on the Extended Day Program Information and Registrations Forms.

Father/Guardian Signature

Date

Mother/Guardian Signature

Date

