



Alpine Academy
of Rockford
Faith • Family • Future

Extended Care Registration

Student's Name _____

Address _____

Father's Name _____ Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Mother's Name _____ Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Persons authorized to pick up children and emergency contacts:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Any health issues, allergies, or medications we need to know about. *Please note if your student has emergency medication to take (i.e. inhaler or Epi-pen) notify the nurse.*

Parent Signature _____ Date _____

Student Signature _____