

**RUTH MURDOCH ELEMENTARY SCHOOL  
EXTEND-ED PROGRAM APPLICATION FORM**

*Monday-Thursday 3:15-5:30 p.m.*

*Friday 12:00 – 3:30 p.m.*

*(269) 471-3144*

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
ID #

\_\_\_\_\_  
Age

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cellular Phone

\_\_\_\_\_  
Cellular Phone

\_\_\_\_\_  
Emergency Contact Number If Parent  
Is Not Available:

\_\_\_\_\_  
Please List Authorized Individuals to Pick  
Up Your Child:

\_\_\_\_\_  
Name

Name

Relation

Phone Number

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Please inform us of any health conditions (asthma, allergies, food allergies, etc.) your child may have, if any:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Please indicate medication prescribed by a physician that your child must take during Extend-Ed hours. (Please note that the proper forms must be filed in the school office.)  
\_\_\_\_\_

I have read and understand the required fees and rules for the Extend-Ed program.

Signed \_\_\_\_\_ Date \_\_\_\_\_