

**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 _____