

WEST HARTFORD EXTENDED EXPERIENCE

Name: _____ Sex: M F _____ Date: _____
Address: _____ Home Phone: _____ Cell: _____
Primary E-Mail Address: _____ Grade Entering: _____
Birth Date: _____ Age: _____ School: _____
Physical Limitations/Allergies/Health Problems: _____
Resides with: Both Parents Father Mother Other
Father's Name: _____ Mother's Name: _____
Father's Address: _____ Mother's Address: _____

Father's Employing Firm & Address: _____ Mother's Employing Firm & Address: _____

Father's Work Phone: _____ Mother's Work Phone: _____
Work Hours: _____ Position: _____ Work Hours: _____ Position: _____
Names and ages of other children in the family: _____
Name of persons, other than parent, authorized to pick up child:
1. _____ 2. _____
In case of emergency notify (OTHER THAN PARENTS):

Name	Phone:	Relationship
Name	Phone:	Relationship

Child's Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Parent/Guardian Signature

Weekly Schedule A.M.& P.M. P.M.only
 A.M. only 3P.M.s _____
 Early open option