



Extension Program Registration Form

Child's Name	Birthdate	Grade
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Child's Name	Birthdate	Grade
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Child's Name	Birthdate	Grade
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Child's Name	Birthdate	Grade
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Address	Zip Code	Home Phone #
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Father's Name	Cell #	Work #	Email
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Mother's Name	Cell #	Work #	Email
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Extension program hours are 7:00–8:00 am and after school until 5:45 pm. Parents or authorized persons must sign children out of extension. Extension Director Lulu Vallejo may be reached by phone/text at 916– 798–0310.

My child(ren) will be attending the extension program as indicated:

Fulltime ☐ Drop-in Only ☐

All families with children registered for full-time extension will have their monthly fee debited from their FACTS account.

Parent Signature	Date
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Extension Program Emergency Form and Signature Card

In the event of illness or accident, when I cannot be reached, one of the following people is authorized to act in my absence. They are also authorized to pick up my children from the extension program.

Name	Telephone #	Cell#
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Name	Telephone #	Cell#
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Name	Telephone #	Cell#
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Authorization of Consent for Treatment of Minor

In the event of a serious emergency, and none of the persons listed above can be contacted, I authorize school officials to call my family physician, or if the situation demands, to transfer my child to the nearest hospital for emergency care. I consent to any x-ray exam, anesthetic, medical or surgical diagnosis or treatment which is deemed advisable by, and rendered under the general or surgical supervision of any physician or surgeon licensed under the provisions of the Medicine Practice Act, whether such diagnosis or treatment is rendered at the physician's office or at a certified hospital. I hereby agree to bear all cost incurred as a result of the above circumstances.

Parent Signature

Date

I **DO NOT** choose the above statement. In the event of an emergency please follow these instructions: _____



Allergies to medications:

Allergies to food:

Allergies to insects:

Parent phone numbers in case of emergency:

Mother's name	Work #	Cell #	Home #
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Father's name	Work #	Cell #	Home #
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