

# GCISD Extended Care Services Registration

School \_\_\_\_\_ Year \_\_\_\_\_

Parent Information (If other Parent is living at a different address, please complete Parent Information on page 2 and note information on both sheets)

Last Name

First Name (Mother's / Father's)

Driver's License # (Mother's / Father's)

Street Address

City

State

Zip Code

Home Phone

Work Phone (Mother's / Father's)

Email Address

Other Phone (Mother's / Father's)

Employer Name and Location (Mother's / Father's)

## Child # 1 Information

Last Name

First Name

Initial

Girl

Boy

First Day Attended

Date of Birth

## Child # 2 Information

Last Name

First Name

Initial

Girl

Boy

First Day Attended

Date of Birth

For additional children, please copy this sheet and fill in child information noting correct number.

Parent Information (If other Parent is living at a different address)

Relationship: \_\_\_\_\_

Last Name

First Name

Driver's License #

Street Address

City

State

Zip Code

Home Phone

Work Phone

Email Address

Other Phone

Employer Name and Location