

**TKA Extended Care Registration Form
2019-2020**

Name of Child	Age	Grade	Allergies	Recommended Treatment	Contact Name	Contact Cell Number	Contact Work Number	Approved for Pick Up?

* Include all contacts who are allowed to pick up your child and/or should be contacted in case of emergency.

* Please indicate if the contact is the child's sibling.

* This form must be completed for any enrolled student in grades 3K thru 6th.