



**DENTON MAGNET SCHOOL OF TECHNOLOGY
EXTENDED DAY REGISTRATION FORM
SCHOOL YEAR 2021 – 2022**



Student's Name: _____

Grade: _____

Home Address: _____

Mother's Name: _____ Cell: _____

Father's Name: _____ Cell: _____

Emergency Information

Name and phone numbers to call, if *PARENTS* can't be reached.

Name	Relationship to Student	Phone Number

Medical Information

Does your child have any allergies (food, medication, other)? Yes ___ No ___

If yes, please explain: _____

Does your child have any medical conditions? Yes ___ No ___

If yes, please explain: _____

In the event I can't be reached for emergency medical attention, I authorize DMST staff to arrange for emergency care for my child.

Signature: _____ Date: _____

Pick Up Information

Name of Person (s) other than parent who may pick up child from extended day.

Name	Relationship to Student	Phone Number

I understand that payment is due by the 5th of each month. Failure to make payment ***WILL*** result in my child's dismissal from extended day on the 6th of the month.

Signature: _____ Date: _____