



## DCCS Extended Care Program Student Information Form

\*Please fill out all information and return to office or Extended Care Program Directors

Student's Full Name (First, Middle, Last) \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_

Student's Grade at DCCS \_\_\_\_\_

Parent's Names & Phone Numbers \_\_\_\_\_  
\_\_\_\_\_

Family e-mail \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

Address \_\_\_\_\_

Siblings Names and ages \_\_\_\_\_  
\_\_\_\_\_

Allergies &/or Medical Concerns \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General Information about Student (likes/dislikes, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_