

Corkran Preschool and Kindergarten  
5200 Temple Hill Road  
Temple Hills, MD 20748  
(301) 894-6886  
[www.corkranschool.org](http://www.corkranschool.org)  
Email: [corkranschool@verizon.net](mailto:corkranschool@verizon.net)

**EXTRA CARE REGISTRATION FORM 2018-2019**

Upon receipt of this completed application and the activity fee of \$40.00, your child will be registered for the 2018-2019 school year Extra Care program. **This form must be completed and the activity fee should be paid the first time Before or After Care is used.**

Child's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_

Employer: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Cell: \_\_\_\_\_

Employer: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_

Indicate any allergies or health problems: \_\_\_\_\_

\_\_\_\_\_

IN THE EVENT A PARENT CANNOT BE REACHED:

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

My Child will be using:      BEFORE CARE: \_\_\_\_\_      AFTER CARE: \_\_\_\_\_

**ALL EXTRA CARE IS \$5.50 PER HOUR**

Extra Care hours are from 7:00 a.m. to 9:00 a.m. and 11:30 a.m. to 5:30 p.m. Children **MUST** be picked up by 5:30 p.m. If the child is not picked up, a late fee will incur at 5:30 p.m., \$5.00 for every 1 minute after 5:30 p.m. **If you incur this fee, it MUST be paid the following school day or your child WILL NOT be allowed to use any extra care.**

**By signing this you agree to cover all costs incurred as stated above.**

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

EXTRA CARE BACKGROUND INFORMATION FORM 2018-2019

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

If not a parent, who might be picking your child up from After Care:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Will your child recognize this person? \_\_\_\_\_

Does your child have allergies? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any other medical, physical or emotional needs that we need to be aware of? \_\_\_\_\_

If so, please explain \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_

Does your child nap? \_\_\_\_\_ If so, how long? \_\_\_\_\_

Is there any other information we should know about your child relating to his or her stay during Before or After Care?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_