



**DENTON MAGNET SCHOOL OF TECHNOLOGY
EXTENDED DAY REGISTRATION FORM
SCHOOL YEAR 2022 – 2023**



Student: _____ Grade: _____
 Mother/Guardian: _____ Cell: _____
 Father/Guardian: _____ Cell: _____

Emergency Information

Name and phone numbers to call if *PARENTS* cannot 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 cannot 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: _____