

Point Webster Extended Day Program – Fall 2018



Student Information <i>(Please Print)</i>					
Student's Name	__M __ F				
Parent(s) Name(s)					
Street Address					
City		State		Zip	
Daytime Phone	()	Evening Phone		()	
Emergency Contact Name		Emergency Phone	()		

Activity Name: _____

Student Name: _____ Grade: _____

Parent Signature: _____ Date: _____