

**EXTENDED CARE PROGRAM (ECP)  
2010 - 2011**

**FAMILY NAME:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**Children:** 1. \_\_\_\_\_ Grade \_\_\_\_\_  
2. \_\_\_\_\_ Grade \_\_\_\_\_  
3. \_\_\_\_\_ Grade \_\_\_\_\_  
4. \_\_\_\_\_ Grade \_\_\_\_\_

**SERVICES NEEDED**

\_\_\_\_\_ Before & After School – Full-Time \_\_\_\_\_ 4:15 PM \_\_\_\_\_ 5:00 PM  
\_\_\_\_\_ Before School Only – Full-Time  
\_\_\_\_\_ After School Only – Full-Time \_\_\_\_\_ 4:15 PM \_\_\_\_\_ 5:00 PM  
\_\_\_\_\_ Before & After School – Part-Time  
Days \_\_\_\_\_ 4:15 PM \_\_\_\_\_ 5:00 PM  
\_\_\_\_\_ Before School Only – Part-Time  
Days \_\_\_\_\_  
\_\_\_\_\_ After School Only – Part-Time  
Days \_\_\_\_\_ 4:15 PM \_\_\_\_\_ 5:00 PM  
\_\_\_\_\_ As-Needed Service

**MOTHER:** \_\_\_\_\_

**FATHER:** \_\_\_\_\_

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

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

Place of Business: \_\_\_\_\_

Place of Business: \_\_\_\_\_

**ALTERNATE CONTACTS (AT LEAST TWO)**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_