

# Trinity Elementary Extended Care (TEC) Program Attendance Form

TEC School Location (circle one)      Trinity East      Trinity West      Trinity North

**Please complete and return this form to the TEC office before your child(ren) can attend**

Name \_\_\_\_\_ Grade \_\_\_\_\_      Name \_\_\_\_\_ Grade \_\_\_\_\_  
Name \_\_\_\_\_ Grade \_\_\_\_\_      Name \_\_\_\_\_ Grade \_\_\_\_\_

**Mother/Guardian Full Name:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Email: \_\_\_\_\_

**Father/Guardian Full Name:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Email: \_\_\_\_\_

**Person(s) to contact in case of emergency DO NOT LIST PARENTS:**

1. Name: _____	2. Name: _____
Relationship to Child: _____	Relationship to Child: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____

**Please list name(s) of anyone who is NOT allowed to pick up your child.** \_\_\_\_\_

\_\_\_\_\_

**\*Allergies, medical, special needs or other concerns:** \_\_\_\_\_

\_\_\_\_\_

**\*Any concerns you have about our program or your child?** \_\_\_\_\_

\_\_\_\_\_