



# Extended Day Enrichment Program Registration 2020 - 2021

ENROLLING IN:      BEFORE SCHOOL       AFTER SCHOOL       BEFORE/AFTER

CHILD'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

CLASSROOM TEACHER'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_

WHO DOES CHILD LIVE WITH:      BOTH PARENTS       MOM       DAD       OTHER

NAME OF PRIMARY PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

CITY, STATE ZIP: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

WORK PLACE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

NAME OF OTHER PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

CITY, STATE ZIP: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

WORK PLACE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

EMERGENCY CONTACTS: \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_ PHONE: \_\_\_\_\_

FAMILY DOCTOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

MEDICAL CONCERNS WE SHOULD BE AWARE OF (ALLERGIES, ETC.): \_\_\_\_\_

NAMES OF PERSONS, OTHER THAN PARENTS, TO WHOM YOUR CHILD MAY BE RELEASED:

\_\_\_\_\_

SIBLING(S) ENROLLED IN EDEP:

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_      NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

**BY SIGNING BELOW AS THE ENROLLING PARENT, I HEREBY AGREE TO THE NON-REFUNDABLE \$30 REGISTRATION FEE AND ABIDE BY AND HAVE SIGNED THE TERMS AND CONDITIONS OF THE PROGRAM AND THE PARENT HANDBOOK. I FURTHER AGREE THAT ANY CHECK THAT IS RETURNED UNPAID, MAY BE RE-PRESENTED ELECTRONICALLY FOR PAYMENT, AND I AGREE THAT A SEPARATE ELECTRONIC DEBIT FROM THE ACCOUNT ON WHICH THE CHECK IS DRAWN MAY BE MADE FOR ANY SERVICE FEES ASSOCIATED WITH THE COLLECTION OF SUCH CHECK.**

SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

<b>SCHOOL USE ONLY</b>	
REGISTRATION PAID:      DATE: _____	CASH: <input type="checkbox"/> CHECK: <input type="checkbox"/> NUMBER: _____
START DATE: _____	STUDENT ID #: : _____