|  |  |  |
| --- | --- | --- |
| |  |  | | --- | --- | | EDEp   |  | | --- | | **EXTENDED DAY ENRICHMENT PROGRAM REGISTRATION 2025-2026** | | | | | | |
|
|
|

**ENROLLING IN: BEFORE SCHOOL** **􀂆 AFTER SCHOOL 􀂆 BEFORE/AFTER 􀂆 SDMC EMPLOYEE 􀂆**

CHILD’S NAME: BIRTH DATE: AGE:\_\_\_\_\_\_\_\_\_\_\_\_

2025-2026 GRADE: WHO DOES CHILD LIVE WITH: MOM ⎕ DAD ⎕ BOTH ⎕ OTHER ⎕

NAME OF PRIMARY PARENT/GUARDIAN: PHONE: ADDRESS: CELL PHONE:

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

WORKPLACE: WORK PHONE:

DRIVER’S LICENSE NUMBER: NAME OF OTHER PARENT/GUARDIAN: PHONE: ADDRESS: CELL PHONE: CITY, ZIP: EMAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WORKPLACE: WORK PHONE:

DRIVER’S LICENSE NUMBER: ­­

EMERGENCY CONTACTS: PHONE:

Name Relationship

PHONE: Name Relationship

PHONE:

Name Relationship

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:

Name/Relationship Name/Relationship Name/Relationship

SIBLING(S) ENROLLED IN EDEP:

NAME: GRADE: NAME: GRADE:

**BY SIGNING BELOW AS THE ENROLLING PARENT, I HEREBY AGREE TO THE NON-REFUNDABLE $40 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.**

**PRINT NAME:** **SIGNATURE**: **DATE**:

**SCHOOL USE ONLY**

START DATE:\_\_\_\_\_\_ REGISTRATION PAID:\_\_\_\_\_\_\_\_ CASH: ⎕ CHECK: ⎕ NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLASSROOM TEACHER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_