

Extended Day Programs Registration 2013-14

ENROLLING IN: BEFORE SCHOOL: AFTER SCHOOL: BEFORE/AFTER: WEDNESDAY:
ENRICHMENT PROGRAMS SUMMER PROGRAM TUTORING SERVICES

CHILD'S NAME: _____ STARTING DATE: _____

CLASSROOM TEACHER'S NAME: _____ GRADE: _____ AGE: _____

WHO DOES CHILD LIVE WITH: BOTH PARENTS MOM DAD OTHER

NAME OF MOTHER/GUARDIAN: _____ PHONE: _____

ADDRESS: _____ CELL PHONE: _____

CITY, STATE ZIP: _____

WORK PLACE: _____ WORK PHONE: _____

NAME OF FATHER/GUARDIAN: _____ PHONE: _____

ADDRESS: _____ CELL PHONE: _____

CITY, STATE ZIP: _____

WORK PLACE: _____ WORK PHONE: _____

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:

BY SIGNING BELOW, I HEREBY AGREE TO ABIDE BY AND HAVE SIGNED THE TERMS AND CONDITIONS OF THE PROGRAM AND 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 AS FURTHER DESCRIBED IN PARAGRAPH 6 OF THE TERMS AND CONDITIONS OF THE PROGRAM.

SIGNATURE: _____ PRINT NAME: _____ DATE: _____

REGISTRATION PAID: DATE: _____ CASH: CHECK: NUMBER: _____

STUDENT NUMBER: _____