



**EXTENDED DAY PROGRAM  
2019-2020**

Please complete the enrollment form for each child you are enrolling.

Today's Date: \_\_\_\_\_

Print Child's Full Name \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Sex: M or F Grade \_\_\_\_\_ Room # \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Any other health issues: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

Check One: \_\_\_ Full Week \_\_\_ Wednesdays Only

Siblings enrolled in the school:

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex: M or F Grade \_\_\_\_\_ Room # \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex: M or F Grade \_\_\_\_\_ Room # \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex: M or F Grade \_\_\_\_\_ Room # \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Please indicate the individuals that are authorized to pick up your child (ren) in your absence:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_