

2008-09 EXTENDED DAY REGISTRATION

**There is a \$25 registration fee per child per school year.*

Please note: this year, there is a slight fee increase of \$.50 per day
The cancellation policy is new: 50% credit up to 8:30am the "day of"*

Child's name: _____ Birthdate: _____ Sex: M F

Bus: _____ Teacher: _____ Grade: _____ If "K", long days are _____ and _____

Address: _____ **E-mail address:** _____

Mother: _____ Home phone _____ Cell: _____

Mother's workplace : _____ Phone: ___-(_____)_____- _____ Ext. _____

Father: _____ Home phone: _____ Cell: _____

Father's workplace: _____ Phone: ___-(_____)_____- _____ Ext. _____

Marital status: _____ Custody status _____ Siblings/ages _____

IF PARENTS CANNOT BE REACHED, CONTACT:

Name: _____ Relationship: _____ Phone: _____

Family doctor: _____ Phone: _____

Allergies (please list symptoms and treatment) _____

****If there are any special conditions, medical or otherwise, that the supervisors need to be aware of, please describe in detail, in writing, and attach to this form at the time of enrollment.****

PERSONS AUTHORIZED TO PICK UP YOUR CHILD (We will release your child only to the people on this list. Changes must be made in writing.) _____

The above child has my permission to participate in the Extended Day Program. I realize that the Recreation Department does not provide accident insurance and I accept full responsibility. I am in receipt of the **Extended Day Manual and Behavior Agreement**. I agree to follow the program's policies and procedures.

(Parent's signature)

(Printed name)

(Date)

