



# Extended Day Activities Program

## 2011-2012

### Registration Form

Please complete this form and return it with your registration fee (\$30.00 individual child, \$50.00 family).

**1) Please circle ONE usage option:**

- FULL TIME (\$190.00/month)
- PART TIME, 3 days (\$145.00/month)
- PART TIME, 5 days (\$145.00/month)
- DROP IN (\$15.00/day, regular drop-in; \$8.00/day, extracurricular drop-in)
- JUNIOR HIGH (free of charge- **if registered and registration fee paid**)

**2) If you circled the PART TIME, 3 days option above, please circle the days your child will attend:**

Monday                      Tuesday                      Wednesday                      Thursday                      Friday

**3) Family Information (Please complete all of the following)**

Child's Full Name \_\_\_\_\_ Name Called \_\_\_\_\_  
 D.O.B \_\_\_\_\_ Grade (Fall 2011) \_\_\_\_\_ Siblings at SAA-SDS \_\_\_\_\_  
 Physician Name \_\_\_\_\_ Physician Phone # \_\_\_\_\_  
 Physician Address \_\_\_\_\_ Hospital Preference \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
 Does your child have any allergies or medical conditions? If so, please explain \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Home Phone # \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone# \_\_\_\_\_  
 Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ HomePhone# \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_  
 Cell Phone# \_\_\_\_\_ Email \_\_\_\_\_

If parents are divorced, what is the custodial arrangement? \_\_\_\_\_

**4) Pick-Up and Emergency Information**

Other than parents, who is allowed to pick up your child? (If a person arrives to pick up your child and is not on this list, and the EDA staff has not been otherwise notified, your child WILL NOT be allowed to leave)

1. Name \_\_\_\_\_ Relation \_\_\_\_\_  
 Address \_\_\_\_\_ Phone# \_\_\_\_\_
2. Name \_\_\_\_\_ Relation \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # \_\_\_\_\_
3. Name \_\_\_\_\_ Relation \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # \_\_\_\_\_

Are any of the above listed persons authorized to act on your behalf in the event of an emergency? If so, who: \_\_\_\_\_

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

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