



Extended Day Activities Program 2007-2008 Registration Form

Please complete this form and return it with your registration fee (\$25.00 individual child, \$40.00 family).

1) Please circle ONE usage option:

- FULL TIME (\$175.00/month)
- PART TIME, 3 days (\$135.00/month)
- PART TIME, 5 days (\$135.00/month)
- DROP IN (\$15.00/day, paid daily or \$8.00/day on practice/event days)

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 2007) _____ 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 # _____ Pager/Other # _____

Father's Name _____
Address _____
City, State, Zip _____ Home _____
Phone# _____
Employer _____ Work Phone _____

Cell Phone# _____
Pager/Other# _____

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 _____