

### 2024-2025 SCHOOL YEAR ENROLLMENT FORM

Yearly registration fee: \$50.00 per NEW family. **RETURNING FAMILIES - NO FEE, MUST SUBMIT REG PACKET ANNUALLY**

**Child's Name:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

Grade: \_\_\_\_\_

Grade: \_\_\_\_\_

**GUARDIAN INFORMATION:**

Guardian #1 \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

Work-Phone \_\_\_\_\_

Email \_\_\_\_\_

**GUARDIAN INFORMATION:**

Guardian #2 \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

Work-Phone \_\_\_\_\_

Email \_\_\_\_\_

Marital Status \_\_\_\_\_ Custody Status \_\_\_\_\_

Siblings & Ages \_\_\_\_\_

**Emergency Contact Info (Cannot be Guardian)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_

**AUTHORIZATION LIST FOR STUDENT PICK-UP:** Other than Parents/Guardians, the following adults are authorized for student pick-up.

Name: \_\_\_\_\_

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

Name: \_\_\_\_\_

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

***\*Adults authorized for student pick-up will be asked for a picture ID upon arrival.***

**MEDICAL INFORMATION:**

Please list any known allergies and/or medications for your child:

Allergy: \_\_\_\_\_

\_\_\_\_\_

Medication: \_\_\_\_\_

\_\_\_\_\_

Accommodations: \_\_\_\_\_

\_\_\_\_\_

Special personal/medical needs for your child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will an Epi-pen or Inhaler be needed while at Extended Day? (*Circle one*): Yes No

***\*Please note the following about medications:***

- ***If an Epi-pen or inhaler will be needed a copy of the Doctors Order must be handed in to Extended Day***

**MEDICAL TREATMENT AUTHORIZATION:**

Please read the following statement and complete the following information:

*"In case of an accident or serious illness, I request that Extended Day contact me. If Extended Day is unable to reach me, I hereby authorize their personnel to call 911"*

Hospital: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Please provide the name of the person(s) responsible for Tuition Payments: *If you have two households, you must specify which account you would like billed when adding and/or registering.***

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

Relationship: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

### **Completion of Registration:**

I have had the opportunity to read and understand the "2024-2025 Extended Day Program Manual". I agree to pay all tuition and fees, noted above and in the handbook, to "Easton Park and Rec" in consideration of my child's enrollment in Extended Day for the 2024-2025 school year. I also understand that my child is not officially **enrolled** in Extended Day until the completion of all registration materials, including the Behavioral agreement, and payment of registration fees. (For New Families). **If you feel that your child will need any extra accommodations, please contact the Director to set up a meeting to discuss.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Printed Name: \_\_\_\_\_

### **HOMEWORK CLUB (For children in Grades 1-5)**

\_\_\_\_ I would like my child to do their HW at Extended Day

\_\_\_\_ My child will do their homework at home

Please note, staff will check over HW but we encourage parents to be the final eyes to catch any mistakes.

**Please let us know any additional information that you would like to share with us about your child?  
Interests/Hobbies, Behavior Management Techniques?**

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