EXTENDED DAY PROGRAM

Emergency Contact & Family Information Form

Please complete one form for each family. This information will be used to help keep your child safe while participating in the Extended Day Program.

CHILD / STUDENT INFORMATION

Child/Student Name: _____	Grade: _____
Teacher: _____	School/Program: _____
Child/Student Name (if additional child): _____	Grade: _____ Teacher: _____

PARENT / GUARDIAN INFORMATION

Parent/Guardian Name: _____	Best Phone Number: _____
Alternate Phone Number: _____	Relationship to Child: _____

EMERGENCY CONTACT

Emergency Contact Name: _____	Best Phone Number: _____
Relationship to Child: _____	Alternate Phone: _____

HEALTH, ALLERGIES & SUPPORT NEEDS

Allergies / Medical Concerns: _____
Medications / Important Health Information: _____
Behavioral, Emotional, Sensory, or Other Support Needs: _____

ACKNOWLEDGMENT & SIGNATURES

Parent/Guardian Acknowledgment: By signing below, I confirm that I have read the Extended Day Program manual and understand the program's procedures and policies.

Parent/Guardian Signature: _____	Date: _____

Student Acknowledgment: By signing below, I confirm that I have gone over and understand the expectations for students at the Extended Day Program.

Student Signature: _____	Date: _____

Please notify the Extended Day Program of any changes to contact information, allergies, or support needs.