Alachua County Public Schools

**Extended Day Enrichment Program**

**Registration Form**

**NOTE: This form must be taken by parent/guardian personally to school. Sent, emailed, mailed. etc/ will not be accepted.**

Child's Name:______________________________ Sex:______ Grade:______ Date of Birth:__________

Address:______________________________________ City:________________ Zip:

Teacher's Name:__________________________ Lunch Status: Full Pay ☐ Reduced ☐ Free ☐

Enroll Date:____________ School:__________________________ Withdraw Date:______________

Who has legal custody?____________________ Relationship to Child:__________ Phone:__________

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Mother's Name:____________________________ Cell Phone:____________ Phone:____________

Address:____________________________ Pager:____________

Place of Employment:____________________________________________ Phone:____________

Social Security #:____________________________ Driver's License #:________________________

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Father's Name:____________________________ Cell Phone:____________ Phone:____________

Address:____________________________ Pager:____________

Place of Employment:____________________________________________ Phone:____________

Social Security #:____________________________ Driver's License #:________________________

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Days my child will attend the program: (circle) M T W Th F

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Departure Procedures: Check with your child's school for their policy. If there are no school restrictions, how will your child get home from the program? Any Changes must be received in writing.

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Persons authorized to remove child: Mother:______________________ Father:______________________

Other persons permitted to remove child:

Name:__________________________ Address:__________________________ Phone:____________

Name:__________________________ Address:__________________________ Phone:____________

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Persons to contact in case of an emergency if I cannot be reached:

Those listed are authorized to remove my child from the facility in an emergency

Name:__________________________ Address:__________________________ Phone:____________

Name:__________________________ Address:__________________________ Phone:____________

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Medical Release: In the event of serious accident or illness, I request that the school contact me. If I cannot be reached, I request designated school personnel to take or send my child to the hospital specified above. In some circumstances, Emergency Services personnel may determine that another hospital should receive my child. I consent to be responsible for all expenses incurred. In case of an accident or illness where immediate medical treatment is not indicated, but where my child is unable to remain in school, I request the school to contact me. If I cannot be reached, I request that one of the persons listed above be contacted to remove my child from school and be responsible for his/her care. These persons listed have transportation and are immediately available to come to school.

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Hospital preference: *(see medical release)*______________________________________________

The following information also enables us to better protect your child's health and safety:

Does your child have any handicaps: (physical, emotional, mental)? Yes ☐ No ☐

If yes, please explain:__________________________________________________________

** Any child needing special assistance must make an appointment with the District EDEP office and On-Site Coordinator to determine if reasonable accommodations can be made before the child may attend EDEP.**

Has the child had: Surgery ☐ Serious Illness ☐ Convulsions ☐ Accidents ☐

Other:______________________________________________________________________

List of Allergies:_______________________________________________________________

Date:__________ Parent/Guardian Signature:__________________________