

REGISTRATION – EXTENDED DAY CARE PROGRAM (EDP)

School Year _____

Name of Child _____ Date of Birth _____

Email for billing _____

Home Phone _____ Grade/Homeroom _____

Father's Name _____

Father's Work Phone _____ Father's Cell Phone _____

Mother's Name _____

Mother's Work Phone _____ Mother's Cell Phone _____

Child Resides With _____

Important: Please list the names of two reliable adults we may contact in case of an emergency and neither parent can be reached:

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

() Please check here if you included any other important information on the back of this form that would be helpful or valuable for us to know to keep your child happy, healthy, and content until he/she is back with you.

Please check one: Full Time _____ Part Time _____ Days Needed _____

There is always a possibility that a child may be injured or become seriously ill during the Extended Day Program and that we may be unable to reach the parents. Medical aid cannot be given to a child without his/her parent's consent. In an emergency, time can be vital. We would like to have your signature on file in case such an emergency occurs and we are unable to reach you immediately. We pray that it will never be necessary to use it.

Permission for Emergency Treatment

I give my permission for my child, _____, in grade _____ to be transported to Riverview Medical Center for medical aid in the case of extreme emergency provided I cannot be contacted when the emergency occurs.

Please specify any allergy to Medication, Food, or Bee Sting _____

Child's Doctor _____ Phone _____

Parent's Signature _____ Date _____