

Part I of II: Extended Day Registration 2019-2020

This is a two page double-sided form. Please take care in filling it out completely and legibly. DO NOT leave any spaces bank. Write NA if something is not applicable. *This is a mandatory form for <u>all</u> students and must be returned to the office by August 22, 2019.*

Please indicate your child's first date of enrollment:

*Child's Name:	Nickname:
M F DOB:/ Grade:	School Yr:
Home Address:	Home Ph:
*Parent(s) / Guardian(s):	
Mother's Name:	Cell Ph:
Home Address:	Home Ph:
Employer:	Work Ph:
Work Address:	
Father's Name:	Cell Ph:
Home Address:	Home Ph:
Employer:	Work Ph:
Work Address:	
*Person/Agency Having Legal Custody of Child: (Other than above)	
Name:	Phone:
Address:	
Employer:	Work Ph:
Address:	

*Emergency Information: Indicate any allergies, intolerance to food, medication or special needs		
		/ith allergen:
		Phone:
Address:		
Insurance Company:		Policy #:
8	ou MUST list two for state com zed to pick up your child. They shoul	pliance !) Id be local. Please fill in completely.
1. Name:	Address	:
Employer:	Address:	
Home Ph:	Cell Ph:	Work Ph:
Relationship:		
2. Name:	Address:	
Employer:	Address:	
Home Ph:	Cell Ph:	Work Ph:
Relationship:		
		at yourchild:
court order restricting vi		up your child. Please include a copy of any ential. All custodial parents have the right to be e of Virginia.
1. Name:		Relationship:
2. Name:		Relationship:

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*Agreements:

1. The Parent/Guardian gives authorization for the child to participate in field trips to Lacey Woods Park and walk within three blocks of the school. Any other field trips will require a separate written form. ____YES ____NO

2. The Extended Day staff agrees to notify the Parent/Guardian whenever the child becomes ill or severely injured. The Parent/Guardian agrees to pick up the child as soon as possible after being notified.

3. The Parent/Guardian authorizes the Extended Day staff to obtain emergency medical care if the Parent/Guardian cannot be immediately located. Any objections must be submitted in writing.

4. The Parent/Guardian agrees to notify the center within 24 hours or the next business day after his child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases, which must be reported immediately.

5. Written permission from the Parent/Guardian is required when a student is to be dismissed with another adult from the Extended Day Program. If an emergency arises, authorization for the child to leave the program with an adult other than those listed on this form may be given by the Parent/Guardian over the telephone. This request will be noted in the logbook and initialed by the Director and the Parent/Guardian as soon as possible.

(Note that the school's nearest hospital is Arlington Hospital, 1701 North George Mason Drive, Arlington, VA 22205)

Parent/Guardian Signature:	Date:
Parent/Guardian Signature:	Date:
Parent/Guardian Signature:	Date:

*For Office Use Only:	
Date Child Entered:	Date Child Withdrew:
Reason for Withdrawal:	

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* Contract must be completed and signed by all families and returned to the office along with your Extended Day Registration form by August 22, 2019