



## Part I of II: Extended Day Registration 2020-2021

This is a two page double-sided form. Please take care in filling it out completely and legibly. **DO NOT** leave any spaces blank. Write NA if Something is not applicable. *This is a mandatory form for all students wishing to attend Extended Day and must be returned to the office by August 5, 2020.*

Please indicate your child's first date of enrolment: \_\_\_\_\_

**\*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**

\_\_\_\_\_

Action that should be taken should child come in contact with allergen: \_\_\_\_\_

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

Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**\*Emergency Contacts: (You MUST list two for state compliance!)**

*These people are authorized to pick up your child. They should 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: \_\_\_\_\_

Please list any other things you would like us to know about your child: \_\_\_\_\_

\_\_\_\_\_

\*Please list any person/persons **NOT Authorized** to pick up your child. Please include a copy of any court order restricting visitation rights. This is kept confidential. All custodial parents have the right to be admitted to the center as required by 63.2-1813 of the Code 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: \_\_\_\_\_

**\* Contract must be completed and signed by all families intending to use Extended Day services and returned to the office along with your Extended Day Registration form by August 5, 2020**

