

Part I of II: Extended Day Registration 2022-2023

This is a two page double-sided form. Please take care in filling it out completely and legibly. <u>DO NOT</u> leave any spaces blank. Write NA if something is not applicable. *This is a mandatory form for <u>all</u> students wishing to attend Extended Day and must be returned to the office by August 1, 2022.*

Please indicate your	
child's first date of	
enrollment:	

*Child's Name:	Nickname:		
M FDOB:/G	rade: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:			
Home Address:	Home Ph:		
Employer:	Work Ph:		
Work Address:			
*Person/Agency Having Legal Custody of Child: (C	Other than above)		
Name:	Phone:		
Address:			
Employer:	Work Ph:		
Address			

*Emergency Informa	tion: Indicate any allerg	gies, intolerance	e to food, medication or special needs
Action that should be ta	aken should child come in	n contact with a	llergen:
Physician's Name:			Phone:
Address:			
Insurance Company:			Policy #:
state compliance!)			mplete address and phone number, for 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 thi	ngs you would like us to	know about you	ır child:
court order restricting v		ept confidential.	our child. Please include a copy of any All custodial parents have the right to be Virginia.
1. Name:			Relationship:
2 Name:			Relationship:



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*Agreements:

and walk within three blocks of the school. Any other field trips v	will require a separate written form.
2. The Extended Day staff agrees to notify the Parent/Guardian winjured. The Parent/Guardian agrees to pick up the child as soon a	<u>•</u>
3. The Parent/Guardian authorizes the Extended Day staff to obta Parent/Guardian cannot be immediately located. Any objections is	~ ·
4. The Parent/Guardian agrees to notify the center within 24 hour or any member of the immediate household has developed any redefined by the State Board of Health, except for life threatening of immediately.	portable communicable disease, as
5. Written permission from the Parent/Guardian is required when adult from the Extended Day Program. If an emergency arises, at program with an adult other than those listed on this form may be telephone. This request will be noted in the logbook and initialed as soon as possible.	othorization for the child to leave the given by the Parent/Guardian over the
(Note that the school's nearest hospital is Arlington Hospital, 1701 North	th 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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1. The Parent/Guardian gives authorization for the child to participate in field trips to Lacey Woods Park

* 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 1, 2022