

Part I of II: Extended Day Registration 2023-2024

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 N/A 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 4, 2023.*

Please indicate your child's first date of enrollment: _____

*Child's Name:	Nickname:
M F DOB: / Grade: So	chool 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: (Other than above)	
Name:	_ Phone:
Address:	
Employer:	_Work Ph:
Address:	

Action that should be ta	ken should child come in contact v	with allergen:
Physician's Name:		Phone:
Address:		
Insurance Company:		Policy #:
01	: (You must list two for state co ized to pick up your child. They show	mpliance) Ild be local. Please fill in completely.
1. Name:	Address	S:
Employer:	Address	:
Home Ph:	Cell Ph:	Work Ph:
Relationship:		
2. Name:	Address:	
Employer:	Address	:
	Cell Ph:	Work Ph:
Home Ph:	0001100	
	000 1	
Relationship:		ut your child:
Relationship: Please list any other thir *Please list any person/ court order restricting vi	ngs you would like us to know abo /persons NOT Authorized to pick	ut your child: up your child. Please include a copy of any ential. All custodial parents have the right to be

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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.

(The school's nearest hospital is Virginia Hospital Center, 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 intending to use Extended Day services and returned to the office along with your Extended Day Registration form by August 4, 2023.