

Kate Sullivan Elementary School's Extended Day Enrichment Programs 2022-2023

PLEASE WRITE LEGIBLY (PRINT) AND COMPLETE FORM

Student's Name: _____ **Date of Birth:** ___/___/___ **Age:** ___ **Race:** ___

Gender: __ Male __ Female **Grade Entering 2022-2023:** _____ **Teacher's Name:** _____

Mother's or Guardian's Name: _____

Address: _____ **City/State:** _____ **Zip Code:** _____

Employer: _____ **Work Number:** _____ **Cell Number:** _____

E-Mail Address: _____@_____._____

Father's or Guardian's Name _____

Address: _____ **City/State:** _____ **Zip Code:** _____

Address is same as above

Employer: _____ **Work Number:** _____ **Cell Number:** _____

E-Mail Address: _____@_____._____

Is this a split house hold: Yes No | **Are there any custody issues we should be aware of?** Yes No

If yes, please explain: _____

Please write the name of the person(s) authorized to be an emergency contact or to pick-up your child.

Last Name	First Name	Relation To Student	Number

Please list any medication, allergies or limitations requiring special attention i.e. Ritalin, food allergies, ant/bee stings

Does your child have any special needs that we should be aware of? YES NO

If yes, please state the need or condition _____

My child may be in photographs or video for articles and promotion YES NO

My Child may watch G & PG rated movies: YES NO

If my child has a fever of 99 or higher or if my child is vomiting, I understand that I have to come get them and they will not be able to return for 48 hours YES

Please Select One: Before School After School Both Drop In

I have fully read and understand the policies and information outlined in the Program Packet.

Parent Signature: _____ **Date:** _____

Kate Sullivan Elementary School's Parent Contract

In completing this registration for my child I understand and agree that:

1. I must pay the cycle fees on or before the due dates regardless of whether my child is in attendance on the due date. I am aware that my child may not attend until payment is made in full.
2. I must sign my child in/out every day and failure/refusal to do so will result in immediate dismissal from the Before and or After School Program.
3. I must call the After School office no later than 1:00 p.m. to report if my child will be absent from the program each time he/she is absent.
4. Failure to follow the rules can result in my child being dismissed from the E.D.E.P. If my child displays unacceptable behavior, the Kate Sullivan Principal or After School Director reserves the right to permanently dismiss your child from the Extended Day Program without a refund.
5. A discount of 20% is given to all Leon County School Board Employees. We are required to have a Xeroxed copy of your LCS badge if this applies to you.
6. I understand that the E.D.E.P. will be closed at 4:00 p.m. on the last day of school before extended breaks.
7. I understand that it is my responsibility to sign up for the remind app. **This is mandatory.**
8. I understand that there may be changes to any of the policies at any time.

Parent/Legal Guardian Signature: _____ **Date:** _____

EMERGENCY MEDICAL RELEASE

If emergency medical care is necessary and I cannot be reached, I authorize the Kate Sullivan Elementary School's Extended Day to act in my behalf in granting permission for my child to receive emergency medical treatment. Parents are responsible for all expenses incurred as the result of medical treatment.

Parent/Legal Guardian Signature: _____ **Date:** _____

HOLD HARMLESS RELEASE

I hereby waive, release, absolve, indemnify, and agree to hold harmless the Kate Sullivan Elementary School's Extended Day Program, Its directors, managers, counselors, staff, participants, volunteers and any other affiliates; for, from, and against all liability because of any bodily injury, or property damage, known or unknown, which may occur or result from the participation of the above-named child in any and all activities whether the result of negligence or for any other cause of the Kate Sullivan Elementary School's Extended Day Program. I individually, and as a parent/guardian for my child, have read this release and understood all the terms. I execute it voluntarily and with full knowledge of its significance. I have read the contract and agree to all of the payment and procedure requirements for the program.

Parent/Legal Guardian Signature: _____ **Date:** _____