## CONLEY EXTENDED DAY ENRICHMENT PROGRAM

# 2022-2023 REGISTRATION FORM

CHILD’S NAME:

BIRTH DATE: / / CHILD’S AGE: CHILD’S GRADE:

PARENT NAME:

ADDRESS: ZIP CODE:

E-MAIL ADDRESS:

EMPLOYER: WORK PHONE: ( ) -

CELL PHONE: ( ) -

DRIVER LICENSE NUMBER: HOME PHONE: ( ) -

PARENT NAME:

ADDRESS: ZIP CODE:

E-MAIL ADDRESS:

EMPLOYER: WORK PHONE: ( ) -

CELL PHONE: ( ) -

DRIVER LICENSE NUMBER: HOME PHONE: ( ) -

The following individuals are allowed to pick up this child and may be contacted in case of an emergency:

EMERGENCY CONTACTS DAY PHONE RELATIONSHIP TO CHILD

( ) -

( ) -

( ) -

List any medications, allergies or limitations requiring special attention:

My child is staffed into an ESE Program or Gifted Program: Yes No, State exceptionality:

My child may be in photographs or videos taken during the program for program use only: Yes No

My child is eligible for: Free Lunch Reduced Lunch Verified:

My child has an updated LCS Internet Usage form at CES: Yes No

My child may watch a G or PG rated family movie during EDEP: Yes No

**I have read and fully understand the policies outlined in the Extended Day Enrichment Program Policy Statement. It is clear that I must have my payment in the EDEP office on or before the payment due date or a $10.00 late charge will be assessed. My fee will be paid on time even if my child does not attend on the actual due date. I understand that my child must be picked up by 6:00 p.m. every day, or a $1.00 per minute late fee will be assessed. I have read and agree to the displine chart within the parent handbook.**

PARENT SIGNATURE: DATE: / /

My Child will be attending (Please circle all that apply): Before School After School

My Child will attend the following days (circle minimum of 3 days): Mon Tues Wed Thur Fri

My Child is eligible for: (Please circle one): ELC LCS Discount