

KILLEARN LAKES EXTENDED DAY ENRICHMENT PROGRAM

2025-2026 REGISTRATION FORM

CHILD'S NAME: _____ GENDER: _____
BIRTH DATE: ____ / ____ / ____ AGE: ____ GRADE: ____ TEACHER: _____
OTHER SIBLINGS AT THIS SCHOOL: _____

PARENT/ GUARDIAN NAME: _____
ADDRESS: _____ ZIP CODE: _____
EMPLOYER: _____ E-MAIL ADDRESS: _____
WORK PHONE: (____) _____ - _____ CELL PHONE: (____) _____ - _____

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ADDRESS: _____ ZIP CODE: _____
EMPLOYER: _____ E-MAIL ADDRESS: _____
WORK PHONE: (____) _____ - _____ CELL PHONE: (____) _____ - _____

Is this a split house hold? ☐Yes ☐No Any custody arrangements we should be aware of? ☐Yes ☐No
If yes, please explain: _____

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

<u>EMERGENCY CONTACTS</u>	<u>DAY PHONE</u>	<u>RELATION TO CHILD</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any medications, allergies or limitations requiring special attention:

My child can safely function with a minimum staff/student ratio of 1:15:	<input type="checkbox"/> Yes <input type="checkbox"/> No
My child is staffed into an ESE Program or Gifted Program:	<input type="checkbox"/> Yes <input type="checkbox"/> No
My child has an IEP on file:	<input type="checkbox"/> Yes <input type="checkbox"/> No
My child may be in photos or videos taken during the program for program use only:	<input type="checkbox"/> Yes <input type="checkbox"/> No
My child has permission to use the internet for Extended Day Program activities:	<input type="checkbox"/> Yes <input type="checkbox"/> No
My child may watch a G or PG rated family movie during EDEP:	<input type="checkbox"/> Yes <input type="checkbox"/> No

My child will be attending (Please circle all that apply):

Before School

FULL TIME
Drop In Only

After School

1/2 DAY (4:30PM) FULL DAY (6:00PM)
Drop In Only

I have read and fully understand the procedures outlined in the Extended Day Enrichment Program handbook. It is clear that I must submit my payment to EDEP 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.

PARENT/GUARDIAN SIGNATURE: _____ DATE: ____ / ____ / ____