## KILLEARN LAKES EXTENDED DAY ENRICHMENT PROGRAM

## REGISTRATION FORM

CHILD'S NAME:	
BIRTH DATE: / / CH	IILD'S AGE: CHILD'S GRADE:
RACE: □W □B □O SEX: □M □F	TEACHER:
PARENT NAME:	
ADDRESS:	ZIP CODE:
ABBITESS.	E-MAIL ADDRESS:
EMPLOYER:	WORK PHONE: ( ) - CELL PHONE: ( ) -
DRIVER LICENSE NUMBER:	CELL PHONE: () HOME PHONE: () -
PARENT NAME:	
ADDRESS:	ZIP CODE:
	V
EMPLOYER:	E-MAIL ADDRESS:  WORK PHONE: ( ) -  CELL PHONE: ( ) -
DRIVER LICENSE NUMBER:	CELL PHONE: ( ) - HOME PHONE: ( ) -
The following individuals are allowed to pick up this c	hild and may be contacted in case of an emergency:
EMERGENCY CONTACTS DAY PHO	
	- /
()	
List any medications, allergies or limitations requiring	special attention:
My child may be in photographs or videos taken durin	
My child is eligible for: □Free Lunch □Reduced Lun My child has an updated LCS Internet Usage form at	
My child may watch a G or PG rated family movie du	ring EDEP: □Yes □No
It is clear that I must have my payment in the E charge will be assessed. My fee will be paid on	ined in the Extended Day Enrichment Program Policy Statement. DEP office on or before the payment due date or a \$10.00 late time even if my child does not attend on the actual due date. by 6:00 p.m. every day, or a \$1.00 per minute late fee will be
PARENT SIGNATURE:	DATE://
My Child will be attending (Please circle all t	hat apply): Before School After School
My Child will attend the following days (circle	11 7/
My Child will be picked up after school by (p	• /