



Cobb Middle School
 Extended Day Enrichment Program (EDEP)
 2022-2023
 Enrollment Form
 Please print

Student's Name: _____ Grade Level: _____
 Guardian's Name: _____ Guardian's Name: _____
 Phone #: _____ Phone #: _____
 Email: _____ Email: _____

If applying for the 'LCSB Discount', what is your worksite? _____

If applying for the 'Sibling Discount', who are the siblings? _____

Select the program(s) your student will attend: ___ Before School (AM) ___ After School (PM)
 ___ Drop-in (Only) Select the day(s) your student will attend for "drop-in only":
 ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Emergency contact/Authorized to pick-up your student:

Name: _____ Phone #: _____ Relationship to Student: _____
 Name: _____ Phone #: _____ Relationship to Student: _____
 Name: _____ Phone #: _____ Relationship to Student: _____

List any important information that the staff should know about (ex: medical conditions):

Do you give permission for your student to:

-be photographed or appear in video recordings during CMS EDEP? Yes or No

Do you give us permission to access your student's grades in FOCUS? Yes or No

_____ (initial) I have read & will adhere to the fee schedule (including late pick-up & cycle fees).

_____ (initial) I have read & understand the policies of CMS EDEP.

Guardian Signature: _____ Date: _____
 Guardian Signature: _____ Date: _____

*Any person responsible for fees must sign. One signature indicates sole responsibility.

I have read & understand the policies of CMS EDEP.

Student Signature: _____ Date: _____