

# DeSoto Trail EDEP 2017-2018

## Registration Form

**\*\*Please write legibly (print) and complete registration form\*\***

A \$25.00 check or money order made payable to Leon County Schools should be submitted with this form at the time of enrollment.

**Child's Name:** \_\_\_\_\_

**Birthdate:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age:** \_\_\_\_ **Race:** \_\_\_\_ **Gender:** Male Female

**Grade 2017-2018:** \_\_\_\_ **Teacher at DeSoto Trail:** \_\_\_\_\_

**Father's/Guardian 1 Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work #:** \_\_\_\_\_ **Cell Phone/Beeper#:** \_\_\_\_\_

**Home Phone Number #:** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

**Mother's/Guardian 2 Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work #:** \_\_\_\_\_ **Cell Phone/Beeper#:** \_\_\_\_\_

**Home Phone Number #:** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

**Are there any custody issues we should be aware of:** yes no

*Please write the name of the person(s) you will allow to be an emergency contact or to pick-up your child*

Name	Day Phone	Relationship the child

**List any medications, 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 \_\_\_\_\_

My child may be in photographs or videos taken during the school year for displays, articles, and promotions  
\_\_\_\_yes \_\_\_\_\_no

My child may watch G and PG rated movies: \_\_Yes \_\_No

My child is eligible for: Free Lunch \_\_\_\_\_ Reduced Lunch Verified: \_\_\_\_\_ LCS Discount: School \_\_\_\_\_

**I have read and fully understand the policies outlined in the Extended Day Enrichment Program Policy Statement.**

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please check the number of days your child will attend EDEP. Circle days of attendance if less than 5**

**BS** 5 days \_\_\_\_ 4 days \_\_\_\_ (M,T,W,TH,F) 3 days \_\_\_\_ (M,T,W,TH,F) 2 days \_\_\_\_ (M,T,W,TH,F) **DI only** \_\_\_\_

**AS** 5 days \_\_\_\_ 4 days \_\_\_\_ (M,T,W,TH,F) 3 days \_\_\_\_ (M,T,W,TH,F) 2 days \_\_\_\_ (M,T,W,TH,F) **DI only** \_\_\_\_

**Office Use Only:** Date Registered: \_\_\_\_\_

CODE: LCS FR RD NA