


# DeSoto Trail EDEP 2018-2019

## Registration Form

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

	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> P <input type="checkbox"/> _____
Office Use Only	

A \$30.00 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 2018-2019:** \_\_\_\_ **Teacher at DeSoto Trail:** \_\_\_\_\_

**Father's/Guardian 1 Name:** \_\_\_\_\_ **Cell Phone/Beeper#:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work #:** \_\_\_\_\_

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

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

**Mother's/Guardian 2 Name:** \_\_\_\_\_ **Cell Phone/Beeper#:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work #:** \_\_\_\_\_

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

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

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

**If yes, please explain:** \_\_\_\_\_

*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

**1. List any medications, allergies, or limitations requiring special attention (i.e. Ritalin, food allergies, ant/bee stings)** \_\_\_\_\_

**2. Does your child have any special needs that we should be aware of?** Yes No  
**If yes, please state the need** \_\_\_\_\_

**3. My child may be in photographs or videos taken during the school year for display on the EDEP website, yearbook, and school social media:** Yes No

**4. My child may watch G and PG rated movies:** Yes No

**5. My daughter may participate in the occasional Spa-La-La club, and have her nails painted:** Yes No

**6. 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: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Staff Int: \_\_\_\_\_ CODE: LCS FR RD NA