

# ATMSA/LCSB 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: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

PARENT/ GUARDIAN NAME: \_\_\_\_\_  
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):

<u>Before School</u>					<u>After School</u>				
Mon	Tues	Wed	Thur	Fri	Mon	Tues	Wed	Thur	Fri
Drop In Only					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: \_\_\_\_/\_\_\_\_/\_\_\_\_