

Check One:

Full Time Morning Care Full-Time Afterschool Care Morning & Afterschool Care
 I would like to use the "drop-in" as needed

**Hartsfield Elementary Extended Day Enrichment Program
2017-2018**

REGISTRATION FORM

Student Name: _____

Date of Birth: _____ Age: _____ Grade: _____ Male: _____ Female: _____

Teacher's Name: _____

#1 Parent/Legal Guardian

Name: _____ Best phone for emergency: _____

Address: _____

Email Address: _____

Work Phone: _____ Home: _____ Cell: _____

#2 Parent/Legal Guardian

Name: _____ Best phone for emergency: _____

Address: _____

Email Address: _____

Work Phone: _____ Home: _____ Cell: _____

My child (check one) **May** use or **May not** use the internet at Hartsfield EDEP

EMERGENCY CONTACTS:
List AT LEAST ONE name and address of adults authorized to remove your child from the program and to be contacted in case of an emergency

#1 Name: _____ Relationship to child: _____
Day Phone Number: _____ Cell Phone: _____

#2 Name: _____ Relationship to child: _____
Day Phone Number: _____ Cell Phone: _____

#3 Name: _____ Relationship to child: _____
Day Phone Number: _____ Cell Phone: _____

Health/Allergies:
List any medications, allergies, medical conditions or other limitations requiring special attention:

Permission to Photograph: _____(Initial)

My child (check one) ___ **May** or ___ **May not** be photographed or videotaped in the program.

General Policies and Fees

I have read and understand all of the Hartsfield Extended Day Enrichment Program policies, including the fee payment schedule and the late fee policy.

Parent Signature: _____ Date: _____

I have read and understand the EDEP behavior policy.

Parent Signature: _____ Date: _____

Homework Policy

I understand that my child will receive an opportunity for homework time. I understand that it is the responsibility of the EDEP staff to create a quiet working environment. However, it remains the responsibility of the parent/guardian to make sure all homework is completed for the next day of school. All disruptive students will be removed immediately.

Parent Signature: _____ Date: _____

Movies

I give my child permission to watch tastefully chosen and appropriate PG rated movies.

Parent Signature: _____ Date: _____

I have special custody information:

OFFICIAL USE ONLY:

Cycle 1: FTA FTB FTAB DI

Cycle 6: FTA FTB FTAB DI

Cycle 2: FTA FTB FTAB DI

Cycle 7: FTA FTB FTAB DI

Cycle 3: FTA FTB FTAB DI

Cycle 8: FTA FTB FTAB DI

Cycle 4: FTA FTB FTAB DI

Cycle 9: FTA FTB FTAB DI

Cycle 5: FTA FTB FTAB DI

Cycle 10: FTA FTB FTAB DI

Key – Full Time Afterschool (FTA); Full Time Before School (FTB); Full Time After & Before School (FTAB), Drop-In (DI)