

**Hartsfield Extended Day Enrichment Program
2020-2021
Registration Form**

Student's Name: _____
Age: _____ Date of Birth: _____ Gender _____
Grade: _____ Teacher: _____

Mother's Name: _____ Home #: _____
Address: _____ Work #: _____
Employer: _____ Pager/Cell #: _____
E-Mail: _____ DL #: _____

Father's Name: _____ Home #: _____
Address: _____ Work #: _____
Employer: _____ Pager/Cell #: _____
E-Mail: _____ DL #: _____

The following individuals may pick up my child or be contacted in case of an emergency:

Name: _____ Relationship: _____ Day Phone: _____
Name: _____ Relationship: _____ Day Phone: _____
Name: _____ Relationship: _____ Day Phone: _____
Name: _____ Relationship: _____ Day Phone: _____

MEDICAL INFORMATION

List any medications, allergies or limitations requiring special attention: _____

My child is considered disabled: Yes No State disabling condition: _____

PHOTO RELEASE

I fully understand that the program staff often use photos of children who participate in the Extended Day Enrichment Program for displays, articles, and promotions and many times children participate in classes that involve production of photographs. It is my decision that Hartsfield (please circle the correct response) **may/ may not** use my child's photograph in any such activity as those listed.

Parent's signature: _____ Date: _____

STUDENT INTERNET USE

My child (please circle the correct response) **may/ may not** use the internet for Extended Day activities.

Parent's signature: _____ Date: _____

POLICY ACKNOWLEDGEMENT

I have read and fully understand the policies outlined in the EDEP statement.

Parent's signature: _____ Date: _____

Starting Date: _____ Amt. Paid: _____ Check #: _____ Reg #: _____

Enrollment: Before School M T W R F Full Time Drop In

After School M T W R F Full Time Drop In

Child is eligible for: _____ Free Lunch _____ Reduced Lunch _____

Phone Calls to parents: _____
