

# Kate Sullivan Elementary School's Extended Day Enrichment Program

## **REGISTRATION FORM**

PLEASE WRITE LEGIBLY (PRINT) AND COMPLETE FORM

Child's Name \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Race: \_\_\_

Gender: M F Grade Entering 2018-2019: \_\_\_ Teacher: \_\_\_\_\_ Class Room: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Father's/Guardian Name \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**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 to the child

Please list any medication, 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 or condition \_\_\_\_\_

My child may be in photographs or video taken during camp for displays, articles and promotion YES / NO

My Child may watch G & PG rated movies: YES / NO

My Child is eligible for one of the following discounts:  LCS Discount  ELC  Sibling Discount

**Please Select One: Before School: \_\_\_\_\_ After School: \_\_\_\_\_ Both: \_\_\_\_\_ Drop In: \_\_\_\_\_**

**I have fully read and understand the policies and information outlined in the Program Packet.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Parent Contract

In completing this registration for my child I understand and agree that:

1. I must pay the cycle fees on or before the due dates regardless of whether my child is in attendance on the due date. I am aware that my child may not attend until payment is made.
2. I must sign my child in/out every day and failure/refusal to do so will result in immediate dismissal from the Before /After School Program.
3. I must call the After School office by 1:00 p.m. to report if my child will be absent from the program each time he/she is absent.
4. If my child displays unacceptable behavior, the Kate Sullivan Principal or After School Director reserves the right to permanently dismiss my child from the After School Program. Without a refund.
5. My child is allowed/ not allowed (Please circle one) to participate in computer class including internet access during afterschool hours. LCS has age appropriate controls children are accessing the same programs during school hours.
6. My child is allowed/ not allowed (Please circle one) to have their photo taken for afterschool activities.
7. A discount of 25% is given to all Leon County School Board Employees. We are required to have a Xeroxed copy of your LCS badge if this applies to you.

I have read the contract and agree to all of the payment and procedure requirements for the program.

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Full name of individual responsible for payment:** \_\_\_\_\_