

# Gilchrist Extended Day Enrichment Program

# REGISTRATION FORM

CHILD'S NAME: \_\_\_\_\_  
 BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ CHILD'S AGE: \_\_\_\_\_ CHILD'S GRADE: \_\_\_\_\_  
 SEX:  M  F TEACHER: \_\_\_\_\_

My child will be attending **before school** on the following days: **MON TUE WED THUR FRI**  
 My child will be attending **after school** on the following days: **MON TUE WED THUR FRI**

PARENT NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 EMPLOYER: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_  
 WORK #: \_\_\_\_\_ CELL #: \_\_\_\_\_ HOME #: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 EMPLOYER: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_  
 WORK #: \_\_\_\_\_ CELL #: \_\_\_\_\_ HOME #: \_\_\_\_\_

The following individuals are allowed to pick up this child and may be contacted in case of an emergency.

EMERGENCY CONTACTS	DAY PHONE	RELATIONSHIP
_____	( ) _____	_____
_____	( ) _____	_____
_____	( ) _____	_____

List any medications, exceptionalities, allergies, and limitations requiring special attention.



- My child is staffed into an ESE or gifted program:  YES  NO
- My child may be in photos or videos taken during the program:  YES  NO
- My child is eligible for:  Free Lunch  Reduced Lunch
- Project Care Status: Verified: \_\_\_\_\_ #: \_\_\_\_\_
- My child may watch G or PG rated family movies during EDEP:  YES  NO

I have read and fully understand the policies outlined in the EDEP Policy Statement. I must have my payment in the EDEP office **ON OR BEFORE** the payment due date, 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.**

Parent Signature: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Signature: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Both parties responsible for the fees and attendance of the child must sign the form.

**One signature only** indicates that the person who signed is fully responsible for the program fees regardless of the second parent/guardian.