

W.T. MOORE ELEMENTARY EDEP 2023-2024

REGISTRATION FORM

CHILD'S NAME: _____

BIRTH DATE: ____/____/____ CHILD'S AGE: _____ CHILD'S GRADE: _____

RACE: ☐W ☐B ☐O SEX: ☐M ☐F TEACHER: _____

PARENT NAME: _____

ADDRESS: _____ ZIP CODE: _____

EMPLOYER: _____ E-MAIL ADDRESS: _____
WORK PHONE: (____) _____ - _____

CELL PHONE: (____) _____ - _____
DRIVER LICENSE NUMBER: _____ HOME PHONE: (____) _____ - _____

PARENT NAME: _____

ADDRESS: _____ ZIP CODE: _____

EMPLOYER: _____ E-MAIL ADDRESS: _____
WORK PHONE: (____) _____ - _____

CELL PHONE: (____) _____ - _____
DRIVER LICENSE NUMBER: _____ HOME PHONE: (____) _____ - _____

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>RELATIONSHIP TO CHILD</u> |
|---------------------------|----------------------|------------------------------|
| _____ | (____) _____ - _____ | _____ |
| _____ | (____) _____ - _____ | _____ |
| _____ | (____) _____ - _____ | _____ |

List any medications, allergies or limitations requiring special attention:

My child is staffed into an ESE Program or Gifted Program: ☐Yes ☐No, State exceptionality: _____

My child may be in photographs or videos taken during the program for program use only: ☐Yes ☐No

My child is eligible for ☐Free Lunch ☐Reduced Lunch Verified: _____

My child has an updated LCS Internet Usage form at WTMES: ☐Yes ☐No

My child may watch a G or PG rated family movie during EDEP: ☐Yes ☐No

I have read and fully understand the policies outlined in the Extended Day Enrichment Program (EDEP) Policy Statement. It is clear that I must have my payment in the EDEP office 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 SIGNATURE: _____ DATE: ____/____/____

Please place a check by the number of days your child will attend EDEP. Circle days of attendance if less than five (5) days.

[Before School] ____5 days; ____Drop-In only

[After School] ____5 days; ____4 days (M,T,W,TH,F); ____3 days (M,T,W,TH,F); ____Drop-In only