

EXTENDED DAY ENROLLMENT FORM

RECORD OF CHILD ACCEPTED

Child's Name:	Last	First	Middle	Alias	
Birth Date:	Sex:		red Start Date:		
Child's Grade (2023-24 Sc	chool Year):	Child's Te	eacher (if known):		
Parent/Guardian 1 Name:		SSN	:	_ DOB:	
Parent/Guardian 1 E-mail:	:Does child live with Parent/Guardian 1?:				
Parent/Guardian 2 Name:		SSN	:	DOB:	
Parent/Guardian 2 E-mail:		Does chil	d live with Parent/Guardian	2?:	
Parent/Guardian 1	Home Address	Zip	Home Phone	Cell Phone	
	Employer Address	Zip	Employer Name	Work Phone	
Parent/Guardian 2	Home Address	Zip	Home Phone	Cell Phone	
	Employer Address	Zip	Employer Name	Work Phone	
Person(s) permitted to remove child: Mother Yes No					
Persons in addition to par Child from the facility.	ents/guardians to be contacted in o	case of illness, accid	ent, or emergency and thos	e persons authorized to remove	
Name	Phone		Relationship		
Name	Phone		Relationship		
Name	Phone Relationship				
Name	Phone	Phone Relationship			

Preferred Schedule

- Before and Afterschool
- After-school Only
- Before-school Only

Choose Days: (Circle Days Attending)

Monday Tuesday Wednesday Thursday Friday



Child Information and Parent Signatures

Child's Name:					
	Last	First	Middle		
Birth Date:	Sex:	Enrollment Date:			
Please answer the	following questions:				
1. Are there any foo	ds or medicines to which yo	our child is allergic? Any other aller	rgies? Explain.		
-	ave any health or developn chavioral plan? Explain.	nental concerns of which we should	be aware? Does your child have an IEP,		
facility, and, • My child is a	or for publicity, including a allowed to consume store-b	ny of our websites.	ers, general publications, displayed at our ght in by staff or families to include, but pirthday parties, celebrations.		
The Departr	ment of Children and Famili		OUR CHILD CARE CENTER, published by		
GENERAL RELEASE	AND HOLD HARMLESS A	GREEMENT			
minor child, for the sol and their minor child, I Extended Day, the Sec- and causes of action, an	e consideration of enrolling the ner/his heirs, executors, admin ond Party, its successors and a rising from participation of the	istrators and assigns, do hereby remise assigns, of and from any and all claims, a minor child in any program, foreseen) for, a my programs, by these presents, for themselves the release, and forever discharge Village the demands, damages, costs, expenses, actions a and unforeseen, and the consequences thereoforal injuries, and loss and damage to property.		
medical costs or expens	ses incurred for any treatment		xtended Day, its successors and assigns, for any y agrees to be solely responsible to pay or uses.		
This release contains th		the First Party as parent(s) and natural ended Day. The terms of this release a			
Signature of Parent of	or Legal Guardian:				
Signature of Witness	:				
Date:					