

EXTENDED DAY PROGRAM Site Information Form



School Year: _____ Check one: School Year _____ Summer _____

School Name: _____

EDP Landline Telephone Number (including Extension): _____

EDP Cell Phone: _____

EDP Location(s) within School Building: _____

Site Director	_____	SD Cell and Home Phone	_____
Asst. Director	_____	SD Cell and Home Phone	_____
Bookkeeper	_____	SD Cell and Home Phone	_____

ALL EMPLOYEES

Name (Please list Site Director first.)	EDP Position	Medication Certified	CPR Certified
		Yes No	Yes No
		Yes No	Yes No
		Yes No	Yes No
		Yes No	Yes No
		Yes No	Yes No
		Yes No	Yes No
		Yes No	Yes No
		Yes No	Yes No
		Yes No	Yes No
		Yes No	Yes No
		Yes No	Yes No
		Yes No	Yes No
		Yes No	Yes No
		Yes No	Yes No
		Yes No	Yes No

STUDENTS

Total Number Enrolled	_____	# Students on Medication	_____
Average Daily Attendance	_____	# Students Receiving CCA	_____
Approximate # of Drop-ins per week	_____	# Students on CPSB insurance	_____
# Students in Pre-K	_____	Limit enrollment? How?	_____

SNACKS

<i>Please check the appropriate space.</i>	
Each student brings his own.	_____
Snack Machines	_____
Snacks provided by food services (Title I)	_____

PROGRAM HOURS

AM Program Hours	PM Program Hours	Summer Program Hours
_____	_____	_____

STUDENTS WITH SPECIAL NEEDS

Description of Special Need	Special Accommodations Required (if additional staffing is required, indicate below)

*******ATTACH COPY OF EMERGENCY PLAN AND EMERGENCY PLAN ACKNOWLEDGEMENT FORM*******

See EDP Policy Manual Appendix A26 for Emergency Plan and A24 for Emergency Plan Acknowledgement Form