



**EXTENDED DAY PROGRAM
FAMILY REGISTRATION FORM**

SHEET 1 OF 3

Parent/Guardian Information

Registration Date: _____

Mother/Guardian First Name: _____ M.I. ____ Last Name: _____

Address: _____

Home Phone: () _____ Employed By: _____

Office Phone: () _____ Work Hours: _____

Cell Phone: () _____ Cell Phone Carrier (required): _____

Email (required): _____

Driver's License #: _____

Calcasieu Parish School Board employee? Yes _____ No _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Custodial Parent (If married, mark both parents)

Is Mother/Guardian authorized to pick-up child? Yes _____ No _____

**If mother is not authorized to pick-up child due to custody arrangement, legal paperwork must be provided to Director.*

Father/Guardian First Name: _____ M.I. ____ Last Name: _____

Address: _____

Home Phone: () _____ Employed By: _____

Office Phone: () _____ Work Hours: _____

Cell Phone: () _____ Cell Phone Carrier (required) _____

Email (required): _____

Driver's License #: _____

Calcasieu Parish School Board employee? Yes _____ No _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Custodial Parent (If married, mark both parents)

Is Father/Guardian authorized to pick-up child? Yes _____ No _____

**If father is not authorized to pick-up child due to custody arrangement, legal paperwork must be provided to Director.*

Child Information

1st Child First Name: _____ M.I.____ Last Name: _____

Name child prefers to be called: _____ Grade/Class:_____

Child's Address: _____

Date of Birth:_____ Gender: [] Male [] Female

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

List authorized pick-up persons/emergency contacts (other than parents/guardians):

1st Contact/Pick Up Name: _____ Phone: _____ Relationship: _____

2nd Contact/Pick Up Name: _____ Phone: _____ Relationship: _____

3rd Contact/Pick Up Name: _____ Phone: _____ Relationship: _____

2nd Child First Name: _____ M.I.____ Last Name: _____

Name child prefers to be called: _____ Grade/Class:_____

Child's Address: _____

Date of Birth:_____ Gender: [] Male [] Female

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Are authorized pick-up persons the same as 1st Child? Yes____ No _____ (if no, list authorized pick-ups persons)

1st Contact/Pick Up Name: _____ Phone: _____ Relationship: _____

2nd Contact/Pick Up Name: _____ Phone: _____ Relationship: _____

3rd Contact/Pick Up Name: _____ Phone: _____ Relationship: _____

3rd Child First Name: _____ M.I.____ Last Name: _____

Name child prefers to be called: _____ Grade/Class:_____

Child's Address: _____

Date of Birth:_____ Gender: [] Male [] Female

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Are authorized pick-up persons the same as 1st Child? Yes____ No _____ (if no, list authorized pick-ups persons)

1st Contact/Pick Up Name: _____ Phone: _____ Relationship: _____

2nd Contact/Pick Up Name: _____ Phone: _____ Relationship: _____

3rd Contact/Pick Up Name: _____ Phone: _____ Relationship: _____

4th Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Date of Birth: _____ Gender: Male Female

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Are authorized pick-up persons the same as 1st Child? Yes _____ No _____ (if no, list authorized pick-ups persons)

1st Contact/Pick Up Name: _____ Phone: _____ Relationship: _____

2nd Contact/Pick Up Name: _____ Phone: _____ Relationship: _____

3rd Contact/Pick Up Name: _____ Phone: _____ Relationship: _____

Tuition / Payment Information:

<p>I agree to pay the rates selected below. A Status Change Form must be requested from staff for changes in tuition status and must be submitted in advance of tuition status change. No credits will be given/expected for absences.</p>	
<p>My child will attend (check one):</p> <p>_____ Morning (if offered)</p> <p>_____ Afternoon</p> <p>_____ Morning and Afternoon (if offered)</p>	<p>I would like to be billed (check one):</p> <p>_____ Monthly Fee</p> <p>_____ Daily Drop-in Fee</p>

Please outline below the person(s) responsible for payment of tuition and fees.

Additional Comments & Information:

Is there is any other information that that would be helpful to our EDP management and teaching staff?

Signature:

My signature below certifies that I have received a copy of the Extended Day Parent Handbook and have reviewed the policies. I understand that failure to follow the Program's policies and procedures may result in termination. I also fully understand the Program's policies with regard to tuition and fees.

Parent's Signature: _____ Date: _____