

Extended Day Program Enrollment Form

Child's Name: _____ Grade: _____

Mother's Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Father's Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Persons authorized to pick up your child:

Medications (include dosage) that need/may need to be administered during EDP hours:

Please list any other information we should know about your child:

Please mark one:

My child will use the EDP on an occasional basis.

My child will usually attend the EDP on the following days:

- ___ Monday
- ___ Tuesday
- ___ Wednesday
- ___ Thursday
- ___ Friday