



# Extended Day Care Program Application Form

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**The following persons are authorized to pick up my child:**

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

**Is your child currently on any medication? If yes, please list any medication(s), give dosage and explain usage of the drug:** (NOTE: Does the school office have a copy of the Physician's Medical Release Form (PMRF)? All medications **MUST** be in the original bottle with actual dosage on it. We, by State Law, are not allowed to administer Tylenol, etc., without a PMRF)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does your child/children have allergies? Please list:** \_\_\_\_\_

\_\_\_\_\_

**Please circle which applies: Full Time Part Time: M T W TH F Drop in: \_\_\_\_\_ #days**

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Along with your child, please read the attached Extended Day Care Handbook and sign below:

**We have read and agree to be governed by the EDC Handbook.**

Parent Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_