

Preschool & Pre-K \$5.00 per hour with non-refundable registration fee of \$50.00 per student ____ (snacks & supplies etc.) or \$6.00 per hour without registration fee_____.

Kindergarten through 8th grade, \$4.00 per hour with non-refundable registration of \$40.00 per student (snacks & supplies etc.) or \$5.00 per hour without registration fee_____.

**If you do not choose your rate or do not return this Registration form, drop in rate is assigned

EDP use only: Check received Y/N Date_____ Amt_____ Check#_____

J.E. Cosgriff Extended Day Program Information Form

Student Information

School Year

1. Child's Name	Nickname	Sex: M / F	DOB: / /	Grade:
Precautions, Medications or Allergies				
2. Child's Name	Nickname	Sex: M / F	DOB: / /	Grade:
Precautions, Medications or Allergies				
3. Child's Name	Nickname	Sex: M / F	DOB: / /	Grade:
Precautions, Medications or Allergies				

Parent(s)/Guardian(s) Information

Mother	Employer/Occupation	Business Phone
Mothers Home Address		Home Phone
Mothers Email		Cell Phone
Father	Employer/Occupation	Business Phone
Fathers Home Address (if different)		Home Phone
Fathers Email		Cell Phone
Person Having Legal Custody of Child	Employer/Occupation	Business Phone
Address		Home Phone
Email		Cell Phone

In addition to parents/guardians, the following persons are authorized to pick up the above children:

Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number

Person(s) NOT authorized to pick up child/children:

Name	Relationship
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(Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up)

EMERGENCY INFORMATION & CARE

If I/we cannot be reached immediately in an emergency, I/we delegate full authority and temporary care of the child/children to the following local relatives, friends, or neighbors:

Name	Relationship to child
Address	Phone Number
Name	Relationship to child
Address	Phone Number

In case of emergency, I/we authorize EDP to call the physician listed (or another if they cannot be reached) and follow their instructions:

Physician	Phone Number
Choice of Hospital	

I/We authorize EDP to call an ambulance or paramedics or fire department, and follow instructions given. J.E. Cosgriff EDP does not assume any responsibility for the above emergency procedures and does not assume payment for measures taken.

Enrollment in our extended day is a privilege. The environment must be a safe place where everyone is treated with kindness, courtesy, and respect. Students who cannot meet minimum behavior requirements will not be allowed to attend. Please assist us by talking to your child about the expectations in the program.

If your child is sick i.e. fever over 100 degrees, diarrhea, vomiting, or is unable to participate with the class, he/she will need to be picked up immediately. All children sent home must be fever, diarrhea, vomiting free for at least 24 hrs. prior to returning to our program. All preschool students must be toilet trained & use the restroom facilities on their own.

EDP available to students Preschool through 8th grade & is open when school is in session & closed all non-school days We are open at 7am & close at 6pm. Parents will be charged an additional **\$1.00 per minute** if you pick up after 6 pm.

Rates: Preschool & Pre-Kindergarten, \$5.00 per hour with non- refundable registration fee of \$50.00 (supplies & snack) or \$6.00 per hour without registration fee.

Kindergarten through 8th grade, \$4.00 per hour with non-refundable registration of \$40.00 (supplies & snack) or \$5.00 per hour without registration fee.

Parent/Guardian Signature _____

Date _____

**Signing here means that you have read both the front and back of this form and agree to all statements