



**EXTENDED DAY SCHOOL PROGRAM
2023-24 SCHOOL YEAR ENROLLMENT FORM**

STUDENT NAME _____

GRADE/YEAR _____

STUDENT ADDRESS:

Street

City **Zip** **Telephone**

PARENT OR GUARDIAN:

Name(s)

PHONE Home **PHONE Work** **PHONE Cell**

SPECIAL NEEDS/DIETARY RESTRICTIONS:

Alternate Emergency Contact:

Name(s) _____ **Phone** _____

TIMES NEEDED: ___ **BEFORE CARE (6:30 AM – 8:00 AM CIRCLE M-T-W-TH-F)**
 ___ **AFTER CARE SCHOOL DAY(3:00 PM – 6:00 PM CIRCLE M-T-W-TH-F)**
 ___ **HALF SCHOOL DAY (1 PM– 6:00 PM)**

PARENT’S SIGNATURE: _____

**RETURN THIS FORM WITH \$20 BY AUGUST 26, 2023. THE BEFORE
AND AFTER CARE PROGRAM WILL NOT BEGIN UNTIL
SEPTEMBER 5, 2023**