

Dore Academy Extended Day/Enrichment Activities Registration-2008-2009

Student Information:

Name _____ Date of Birth _____ Grade _____
Address _____

Check the days of the week your child will be attending the Extended Day Program:

| | | | | |
|---------------------|----------------------|------------------------|-----------------------|---------------------|
| _____ Monday | _____ Tuesday | _____ Wednesday | _____ Thursday | _____ Friday |
|---------------------|----------------------|------------------------|-----------------------|---------------------|

Please note: If you check five days, you will be considered "Full Enrollment" and will be billed the monthly rate.

Parent/Guardian Information:

1. Mother's Name _____ Home Phone _____ Work _____
Address _____ Cell _____
Place of Employment _____

2. Father's Name _____ Home Phone _____ Work _____
Address _____ Cell _____
Place of Employment _____

Persons (age 16 or older) authorized to pick up student other than Custodial Parent(s):

1. Name _____ Home _____ Work _____ Cell _____
2. Name _____ Home _____ Work _____ Cell _____

Medication Information:

If your child takes medicine in the afternoon, identify the types, dosage, and time to be given:

Allergies: food, insect bite/sting, drug (please specify): _____

Emergency Care Information:

Physician's Name: _____ Phone _____
Dentist's Name: _____ Phone _____
Emergency Contacts (if parent cannot be reached):
Name: _____ Home _____ Work _____ Cell _____
Relationship: _____
Name: _____ Home _____ Work _____ Cell _____
Relationship: _____
Hospital Preference: _____

I would like to enroll my child in the Extended Day Program and include the non-refundable registration fee of \$30 with this enrollment form. I have read and understand the policy regarding late pick-up.

Parent/Guardian Signature _____ Date _____