

EDCS Before/After School Program
(One form per student)
2017-2018

Enrollment Form

Please circle ALL that apply: AM only PM only Both Occasional Fulltime

Student's Name _____

Grade to enter for 2017-18 _____ **Circle One:** Male Female

Mailing Address: _____
Street City Zip

Home phone _____ Email Address: _____

With Whom does student reside: Parents Father Mother Guardian

Legal Custodian/Guardian #1 (Name) _____

Cell Number _____ Work Number _____

Legal Custodian/Guardian #2 (Name) _____

Cell Number _____ Work Number _____

Emergency Info: Physician _____ Phone _____

Names of other persons authorized to pick up student:

Name/Relationship _____ Phone _____

Name/Relationship _____ Phone _____

Name/Relationship _____ Phone _____

Estimated time of pick-up from daycare: _____

Parent Signature _____

Date _____