EDCS BEFORE/AFTER SCHOOL PROGRAM (One form per student)

For students in Kindergarten - 5th grade 2025-2026

AM Davcare Begins at 6:30	a.m. in the Cafeteria - PM Daycare End	s at 5:30 p.m.	
Only for students in Kinder	•		
Grade to enter for 2025/2026 v	/r Gender:Ma	ale Female	
		GRADE	
Street	City	State	Zip
Home Phone	Email address		
ell #	Work #		
	Rela		
.egal Guardian #2 (Name)	Rela	tion to student	
	Rela Work #		
Cell #			
Cell #Emergency Info: Physician	Work # Ph		
Cell #Emergency Info: Physician Iames of other persons autho	Work # Ph	one	
Cell # Emergency Info: Physician Names of other persons autho	Work #Ph	one Phone#_	
Cell #Emergency Info: Physician Names of other persons authonal Name	Work #Phi rized to pick up student: Relation to student	one Phone#_ Phone#_	
Cell # Emergency Info: Physician Names of other persons autho Name Name	Work #Photographic Photographic Photogra	one Phone#_ Phone#_	
Cell # Emergency Info: Physician Names of other persons autho Name Name Name	Work #Photographic Photographic Photogra	one Phone#_ Phone#_	

**DAYCARE PAYMENTS ARE TO BE PAID ON THE FIRST OF THE MONTH TO AVOID A \$25.00 LATE FEE, SEPTEMBER THROUGH MAY