

EXTENDED DAY PROGRAM
Opelika City Schools
Registration Form

Personal:

Child's Full Name _____ Grade _____
Home Address _____ Home Room _____
Mother/Guardian _____ Birthdate _____
Home Phone _____ Cell Phone _____ Sex _____ Race _____
Email _____
Address _____
Place of Work _____ Work Phone _____
Who will pick up your child(ren)? Name _____

Other Persons with Permission to pick up your child(ren):

Phone # between 2:30 & 5:30 p.m.

1. _____
2. _____
3. _____

Will you have additional children participating in program?

_____ Yes _____ No

If yes, please list names of children and school they attend:

Financial:

Who is responsible for fee payment for the Extended Day Program?

Name _____ Address _____

Medical Emergency:

If, in an emergency, the parent/guardian cannot be reached, please call:

(1) _____ Relationship _____ Phone _____
(2) _____ Relationship _____ Phone _____

Medical Information:

Does your child have allergies, seizures, nosebleeds, or other medical conditions that we should be aware of?

☐ Yes ☐ No If yes, please explain _____

Physician's Name: _____

Is child covered by health insurance? ☐ Yes ☐ No

Should my child, _____, become ill or suffer an accident of any type while attending the Extended Day Program, the Supervisor shall undertake to contact me immediately. In the event I cannot be reached, designated employee(s) of the program are authorized to secure and consent to such medical attention, treatment or services as may be deemed necessary. Any qualified person providing such medical attention may accept such consent as if given by me in person. I agree to assume responsibility for payment of the medical cost incurred.

Signature of Parent/Guardian