

HOMEROOD EXTENDED DAY PROGRAM CONTRACT

OFFICE USE
ONLY

DATE

REG. FEE

Child's Name	Grade	Teacher	View PG Movies	
1 _____ <input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____	_____
2 _____ <input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____	_____
3 _____ <input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____	_____
(Name child goes by)	(Last Name)		YES	NO

Home address _____ Zip _____

Mother's Name _____ Phone (home) _____ (cell) _____
Place of Employment _____ (work) _____
Email _____

Father's Name _____ Phone (home) _____ (cell) _____
Place of Employment _____ (work) _____
Email _____

Marital Status of Parents: married couple separated divorced widowed other _____
Person having custody of child _____

Emergency / Pick Up:

(1) _____	Relationship: _____	Phone (home) _____	(cell) _____
(2) _____	Relationship: _____	Phone (home) _____	(cell) _____
(3) _____	Relationship: _____	Phone (home) _____	(cell) _____
(4) _____	Relationship: _____	Phone (home) _____	(cell) _____
(5) _____	Relationship: _____	Phone (home) _____	(cell) _____
(6) _____	Relationship: _____	Phone (home) _____	(cell) _____

Medical information:

Chronic illness, allergies, nosebleeds, bites, etc: Yes No

If yes, please state: _____

Special needs, autism, anxiety, down syndrome, hearing loss, non-verbal, etc: Yes No

If yes, please state: _____

Daily medication to be administered: Yes No

Physician's Name: _____ Phone _____

Is child covered by health insurance? Yes No

Insurance carrier: _____ Contract No. _____

This is to certify that my child (children) is enrolled in the Homewood City School system.

*I understand the Homewood Extended Day Program relies on participant's tuition to meet operational expenses. The tuition is \$45.00 per child, due weekly.

Signature of Parent or Guardian

Date