

HOMEWOOD 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 Code _____

Mother's Name _____ Phone (home) _____ (cell) _____

Place of Employment _____ (work) _____

Home Address _____ Email _____

Father's Name _____ Phone (home) _____ (cell) _____

Place of Employment _____ (work) _____

Home Address _____ Email _____

Marital Status of Parents: married couple separated divorced widowed other _____

Person having custody of child _____

Permission to Pick Up/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:

Does your child have a medical condition that is documented in his/her school's health record? Yes No

(If yes, the EDP Director will request a copy of the student's health record from the school nurse.)

Daily medication to be administered? Yes No

(Medical authorization forms must be completed with the school nurse before medications may be administered during EDP.)

Is child covered by health insurance? Yes No

Insurance carrier: _____ Contract No. _____

Does your child receive special education services through HCS? Yes No

(If yes, the EDP Director will request the required information from the school district's Special Education Director.)

You may provide any additional information regarding your child to the EDP Director.

*Permission for Disclosure:

I authorize the disclosure of the medical and/or special education services information to be released with the understanding that the information released will be limited to what is necessary to fulfill the needs/purposes for the disclosure. (Initial) _____

*Permission for Media Release:

My child may be featured on school sponsored social media accounts or news articles promoting HCS/EDP. (Initial) _____

*Permission To Travel:

The Extended Day Program and the Homewood City Board of Education have my permission and consent to provide transportation for my child by appropriate means of transportation in connection with the Extended Day Program.

I hereby waive any and all claims for any injuries or losses as a result of said trips. This permission and release shall be effective for the 2020-2021 school year. (Initial) _____

*Acknowledgements:

I understand the Homewood Extended Day Program relies on participant's tuition to meet operational expenses. All tuition fees are due in advance of attendance and drop in fees are due at pick-up. Untimely payments of tuition fees could result in my child being suspended from EDP until my account is brought current. (Initial) _____

Signature of Parent or Guardian

Date