

Name(s) of children: _____

Please check the appropriate boxes.

Before school care:

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

After school care:

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Registration Fee:

\$25.00 _____ Paid: _____ Cash _____ Check, _____ Check #

I have read and understand the policies regarding the ESD Program. _____
(Parent/Guardian signature & date)

EMERGENCY CONTACT INFORMATION
(Please print)

Child/Children's Names: _____

Parent/Guardian Name(s): _____

Names of people allowed to pick up child/children:

1) _____

Relationship: _____

Driver's License # _____

Contact # _____

2) _____

Relationship: _____

Driver's License # _____

Contact # _____

3) _____

Relationship: _____

Driver's License # _____

Contact # _____

4) _____

Relationship: _____

Driver's License # _____

Contact # _____

Does your child have a life threatening health condition? Yes No (circle one) If yes, please explain:

Does your child have food allergies? Yes No (circle one) If yes, what foods, reaction, what to look for, etc... Please explain: