



EXTENDED DAY ENROLLMENT FORM
RECORD OF CHILD ACCEPTED

Child's Name: _____ Last First
Middle Alias

Birth Date: _____ Sex: _____ Preferred Start Date: _____

Child's Grade (2023-24 School Year): _____ Child's Teacher (if known): _____ Parent/Guardian 1

Name: _____ SSN: _____ DOB: _____

Parent/Guardian 1 E-mail: _____ Does child live with Parent/Guardian 1?: _____

Parent/Guardian 2 Name: _____ SSN: _____ DOB: _____

Parent/Guardian 2 E-mail: _____ Does child live with Parent/Guardian 2?: _____

Parent/Guardian 1

Home Address Zip Home Phone Cell Phone

Employer Address Zip Employer Name Work Phone

Parent/Guardian 2

Home Address Zip Home Phone Cell Phone

Employer Address Zip Employer Name Work Phone

Legal Custody

Yes No

Person(s) permitted to remove child: Mother Yes No

Father Yes No

Guardian Yes No

Persons in addition to parents/guardians to be contacted in case of illness, accident, or emergency and those persons authorized to remove Child from the facility.

_ Name Phone Relationship

_ Name Phone Relationship

_ Name Phone Relationship

_ Name Phone Relationship

Preferred Schedule

- Before and Afterschool
- After-school Only
- Before-school Only

Choose Days: (Circle Days Attending)

Monday Tuesday Wednesday Thursday Friday



Child Information and Parent Signatures

Child's Name:

_ Last First Middle

Birth Date: _____ Sex: ____ Enrollment Date: _____

Please answer the following questions:

1. Are there any foods or medicines to which your child is allergic? Any other allergies? Explain.
2. Does your child have any health or developmental concerns of which we should be aware? Does your child have an IEP, 504 Plan, or other behavioral plan? Explain.

- My child may be photographed, and the photos may be used for newsletters, general publications, displayed at our facility, and/or for publicity, including any of our websites.
- My child is allowed to consume store-bought or home-prepared food brought in by staff or families to include, but not limited to for the following occasions: cooking projects, daily snacks, birthday parties, celebrations. I have been supplied a copy of the Child Care Facility Brochure, KNOW YOUR CHILD CARE CENTER, published by The Department of Children and Families.
- I have read and understand the Village Extended Day Parent Handbook

GENERAL RELEASE AND HOLD HARMLESS AGREEMENT

I/We, _____, First Party, as the parent(s) and natural guardian(s) for _____, a minor child, for the sole consideration of enrolling the minor child in Pine Island Extended Day programs, by these presents, for themselves and their minor child, her/his heirs, executors, administrators and assigns, do hereby remise, release, and forever discharge Village Extended Day, the Second Party, its successors and assigns, of and from any and all claims, demands, damages, costs, expenses, actions and causes of action, arising from participation of the minor child in any program, foreseen and unforeseen, and the consequences thereof, resulting, and to result from, any participation in such program, including bodily and personal injuries, and loss and damage to property.

It is further understood and agreed that the First Party does hereby hold harmless Village Extended Day, its successors and assigns, for any medical costs or expenses incurred for any treatment of any such injuries, and the First Party agrees to be solely responsible to pay or reimburse for any such medical charges or expenses incurred including transportation expenses.

This release contains the Entire Agreement between the First Party as parent(s) and natural guardian(s) of _____ and Village Extended Day. The terms of this release are contractual and not mere recital.

Signature of Parent or Legal Guardian: _____

Signature of Witness:

Date: _____

Ver: 2/27/2020