

Form M - 2
EXTENDED DAY PROGRAM REGISTRATION
Enrichment Center – Grade 5
2010-2011



Student's Name _____ Grade _____

Guardian(s) Name(s) _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Home Phone _____ Home Phone _____

If guardian(s) cannot be reached in case of emergency, please contact:

Name _____ Relationship _____

Phone _____

My child will be attending Extended Day as follows:
 Indicate days and approximate drop-off and pick-up times.

Morning (7:00 to 8:15 a.m.)	Afternoon (3:00 to 6:00 p.m.)
Daily _____	Daily _____
Monday _____	Monday _____
Tuesday _____	Tuesday _____
Wednesday _____	Wednesday _____
Thursday _____	Thursday _____
Friday _____	Friday _____

Any health problems, food or other allergies? _____

* If you know in advance that you will not be picking up your child at the end of the day, please send a note explaining who will be picking up your child and at what time.

Parent signature _____ Date _____

Extended Day Program Registration

There is a \$30 registration fee, per child, due upon registration.

Please make checks payable to Andrews Osborne Academy.

Check ___ (Check number) _____ Cash _____