

Extended Day Program Registration

Registration Fee: \$50.00 **Billed to FACTS Account.**

My child/children will use the Extended Day Program:

<u>Student Name</u>	<u>Room/Grade</u>
_____ / _____	_____
_____ / _____	_____
_____ / _____	_____

Regularly: 1-5 days, most weeks (please select all that apply)

Occasionally or in an emergency situation

	<u>Before School</u>	<u>After School</u>	
Monday	_____	_____	_____ Before School
Tuesday	_____	_____	_____ After School
Wednesday	_____	_____	
Thursday	_____	_____	
Friday	_____	_____	

My child will begin using EDP on: _____
Day Date

Persons permitted to pick up your child/children:

<u>Name</u>	<u>Relationship to child</u>	<u>Contact Phone Number</u>
_____ / _____	_____ / _____	_____
_____ / _____	_____ / _____	_____
_____ / _____	_____ / _____	_____
_____ / _____	_____ / _____	_____

Parent Signature: _____ **Date:** _____

Please complete both sides of this form and return to the school office.