



Cobb Middle School
Extended Day Enrichment Program (EDEP)
2021-2022
Enrollment Form

Please print

Student's Name: _____ Grade Level: _____
Guardian's Name: _____ Guardian's Name: _____
Phone #: _____ Phone #: _____
Email: _____ Email: _____

If applying for 'LCSB Discount', what is your worksite? _____

Select the program(s) your student will attend: ___ Before School (AM) ___ After School (PM)

Select the day(s) your student will attend:

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Drop-in (Only)

Emergency contact/Authorized to pick-up your student:

Name: _____ Phone #: _____ Relationship to Student: _____
Name: _____ Phone #: _____ Relationship to Student: _____
Name: _____ Phone #: _____ Relationship to Student: _____

List any important information that the staff should know about (ex: medical conditions):

Do you give permission for your student to:

- be photographed or appear in video recordings during CMS EDEP? Yes or No
- access the internet for homework and extra practice? Yes or No

Do you give us permission to access your student's grades in FOCUS? Yes or No

_____ (initial) I have read & will adhere to the fee schedule (including late pick-up & cycle fees).

_____ (initial) I have read & understand the policies of CMS EDEP.

Guardian Signature: _____ Date: _____
Guardian Signature: _____ Date: _____

*Any person responsible for fees must sign. One signature indicates sole responsibility.

I have read & understand the policies of CMS EDEP.

Student Signature: _____ Date: _____