



Springwood Elementary School  
Extended Day Enrichment Program 2021-2022  
Registration Form  
(Please Print Clearly)

**Student Information**

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
Last Name MI First Name

Address: \_\_\_\_\_ Teacher: \_\_\_\_\_

Gender (check one) Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent /Guardian Information**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Last Name MI First Name

Home # (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work # (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Employer \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Last Name MI First Name

Home# (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work # (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Employer \_\_\_\_\_ Email \_\_\_\_\_

**Emergency Contact Information**

The following individuals are allowed to pick up my child (**ID will be checked at time of pick-up**):

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Security Pick-Up Question (suggested) (In the event you must send someone not on your child's emergency contact list.)**

Question: \_\_\_\_\_

Answer: \_\_\_\_\_

**Medical Information**

Allergies (check one) Yes \_\_\_ No \_\_\_ Please Specify\_\_\_\_\_

Medication (check one) Yes \_\_\_ No \_\_\_ Please Specify\_\_\_\_\_

If your child needs to take medication at school (prescription or over-the-counter), parents must fill out the LCS medication form in order for EDEP staff to administer.

Insurance Provider: \_\_\_\_\_ Policy # \_\_\_\_\_

Doctor/ Physician Name: \_\_\_\_\_ Contact # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**My child will attend:**

\_\_\_\_\_ Before School Full Time (\$50.00/ 45.00) \_\_\_\_\_ Drop In before School (\$10.00)

\_\_\_\_\_ Before School 3 Days a week (\$35.00/\$32.00)

\_\_\_\_\_ After School Full Time (\$130.00/\$117.00) \_\_\_\_\_ Drop In after School (\$20.00)

\_\_\_\_\_ After School Part Time (2:50pm-4:30pm) (\$100.00/\$90.00)

\_\_\_\_\_ After School 3 days a week (2:50pm-6:00pm) (\$95.00/\$86.00) \_\_\_\_\_ ELC Eligible

\_\_\_\_\_ After School 4 Days a week (Monday- Thursday **Only** 2:50-6:00pm) (110.00/ \$100.00)

My child may be photographed or videoed during the program: \_\_\_ Yes \_\_\_ No

My child may ride on a Leon County School Bus for prearranged field trips: \_\_\_ Yes \_\_\_ No

My child may watch G and PG rated movies: \_\_\_ Yes \_\_\_ No

**Parent Contract**

**I fully understand all the information included in the attached EDEP Handbook. I understand that if any of the policies and procedures and/or payments is not adhered to that my child may be released from the Springwood Extended Day Enrichment Program. I also understand that I must have my payment in the EDEP office on or before the payment date or a \$10.00 late charge will be assessed.**

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date