

Snow Heights Elementary Extended Day Program Enrollment Information

Student Name

Grade/Teacher

Student Name

Grade/Teacher

Student Name

Grade/Teacher

Mother's Name

Phone # (work, cell, home)

Phone # (work, cell, home)

Father's Name

Phone # (work, cell, home)

Phone # (work, cell, home)

Emergency Contact Name & Number

I hereby authorize Snow Heights Elementary Extended Day to allow my child (listed below) to leave the program on a regular basis with the following person(s):

Authorized Person _____ Driver's License # _____

Authorized Person _____ Driver's License # _____

Please list any special needs, or allergies that the Extended Day staff should be aware of.

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the attending staff member of the Snow Heights Extended Day Program to call for Emergency Ambulance Service.

I hereby give my consent for North Hills Hospital to secure any and all necessary medical care for my child.

Printed Parent Name

Signature