

W.A. Porter Elementary Extended Day Program Enrollment Form

Student Name _____ Grade / Teacher _____

I am requesting Before School, After School, or Both for my student. _____

Street Address _____ City _____ Zip _____

Mother's Name:		Cell#
DL#:		Work#
Email Address:		
Father's Name:		Cell#
DL#:		Work#
Email Address:		

I hereby authorize W.A. Porter Elementary School Extended Day Staff to allow my child to leave the program on a regular basis with the following person(s):

Authorized Person:	DL#:	Phone #
Authorized Person:	DL#:	Phone #
Authorized Person:	DL#:	Phone #

Please list any special needs, allergies, existing illness, etc. That the Extended Day Staff should be aware of

Name or Physician _____ Phone # _____

There is a \$25 Deposit Fee for registering for the Extended Day Program

Deposit Received _____ Method of payment _____

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the attending staff member of W. A. Porter Extended Day Program to call for emergency medical services. I hereby give my consent for the W. A. Porter Extended Day Program to secure any and all necessary medical care for my child.

Printed Parent Name

Parent Signature