

# Huskies Extended Day Program Enrollment Information

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Student Name Grade/Teacher

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Student Name Grade/Teacher

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Student Name Grade/Teacher

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Mother's Name

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Phone # (work, cell, home)

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Phone # (work, cell, home)

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Father's Name

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Phone # (work, cell, home)

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Phone # (work, cell, home)

Emergency Contact Name & Phone Number \_\_\_\_\_

I hereby authorize Holiday 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.

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In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the attending staff member of the Holiday 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.

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Printed Parent Name

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Signature

# Huskies

## Extended Day Program

### Medical Information and Release

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Grade

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

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\_\_\_\_\_  
Name of Physician

\_\_\_\_\_  
Telephone number

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the attending staff member of the Holiday 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

\_\_\_\_\_  
Parent Signature

# Huskies Extended Day Program

## Late Pick-up Fee

**Student Name:** \_\_\_\_\_

**Pick-up Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

The Extended Day Program at Holiday Heights Elementary runs from 3:30-6:00 P.M. every day school is in session. Late fees will be assessed when anyone is picked up after 6:05 P.M. The fee will be \$1.00 per minute.

The following late fee was paid at the time of late pick up. I understand that three (3) late pick-up occurrences will forfeit my child's participation in the Extended Day Program.

**Fee:** \_\_\_\_\_

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Signature of Parent/Guardian

Date

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Printed Name of Parent/Guardian

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Staff Signature  
Acknowledgement form only