Official Use Only
Registration Fee_____
1st Payment_____
Cash-Credit Card-Check #_____
Receipt _____

O.H. Stowe Elementary School
Extended Day Program
Registration Form

$25.00 Non Refundable Registration Fee (not applicable for returning families)
$50.00 per week (multiple child discount available)

Student Name: _____**Male _____ Female _____**

Date of Birth (MM/DD/YY) _____Grade _____ Teacher _____

Parent/Legal Guardian Name _____

Address _____ Home phone _____

Cell phone _____ Work Phone _____

Email_____

IN CASE OF EMERGENCY when parent cannot be reached, please notify:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

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

_____Phone: _____ Release Authorization:

Name/Relationship _____Phone: _____DL # _____

Name/Relationship _____Phone: _____DL # _____

Name/Relationship _____Phone: _____DL # _____

Name/Relationship _____Phone: _____DL # _____

***The program reserves the right to request picture ID from the adult(s) listed on this form prior to releasing the student.**

Please list any special needs, allergies, existing illness or medication that the Extended Day staff should be aware of. <u>If there is medication to be given, all requirements for administering medication must be followed</u>.

Name of Physician: _____ Phone Number: _____

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the attending staff member of the O.H. Stowe Extended Day Program to call for Emergency Ambulance Service. I hereby give my consent for the providing hospital/facility to secure any and all necessary medical care for my child.

Parent/Guardian signature _____ Date _____

For more information, please contact, Ms. Anderson @ ashley.anderson-kilbey@birdvilleschools.net or ext. 2472
Or Ms. Epperson @ jacy.epperson@birdvilleschools.net or ext. 2491