

Alachua County Public Schools
EDEP Summer Registration 2007

(in addition to this form please make sure a standard EDEP registration card is on file.)

Child Information

Program Location: _____ Current Grade: _____

Child's Name: _____ Age: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian 1:

Name _____ Relationship _____ Phone: _____

Employer Name/Address: _____ Phone: _____

Parent/Guardian 2:

Name _____ Relationship _____ Phone: _____

Employer Name/Address: _____ Phone: _____

Lunch Status: Full Pay Reduced Free

Health Information

Allergies: _____

Health Problems: _____

Handicaps: _____

Medications: Is student taking any regular medications? Yes No

If yes, list the names of medications: _____

Hospital preference: (see below): _____

Medicaid: Yes No School Insurance: Yes No

Other Insurance: Yes No Insurance Co.: _____

See next page

Emergency Contacts/Persons Authorized to Pick Up Child

Please list any persons who may pick up your child from the program or who we may contact in case of an emergency:

| | <u>Name</u> | <u>Phone</u> |
|----|-------------|--------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

Are there any custody concerns? If yes, please explain: _____

Field Trip Permission

The child named above has my permission to participate in all EDEP summer field trips and may be transported by school bus.

In the event of a serious accident or illness, I request that the school contact me. If I cannot be reached, I request designated school personnel to take or send my child to the hospital specified above. In some circumstances, it may be determined that another hospital should receive my child. I consent to be responsible for all expenses incurred. In case of an accident or illness or where immediate medical treatment is not indicated, but my child is unable to remain in school, I request the school contact me. If I cannot be reached, I request that one of the persons listed above be contacted to pick up my child from school and to be responsible for his/her care.

Parent/Guardian Signature

Date

Sessions/Days My Child Will Attend

| | | | | | |
|-----------|-------------------|-------|-----------|-------------------|-------|
| Session 1 | June 6 – June 8 | _____ | Session 4 | June 25 – June 29 | _____ |
| Session 2 | June 11 – June 15 | _____ | Session 5 | July 2 – July 6 | _____ |
| Session 3 | June 18 – June 22 | _____ | Session 6 | July 9 – July 13 | _____ |

Circle the days of the week your child will attend: M T W Th F Full Day Half Day

A \$10 non-refundable deposit is required for each session your child will attend. This deposit will be subtracted from your weekly fee.