

**Dore Academy Extended Day/Enrichment Activities Registration-2007-2008**

**Student Information:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_

**Check the days of the week your child will be attending the Extended Day Program:**

\_\_\_\_\_ **Monday** \_\_\_\_\_ **Tuesday** \_\_\_\_\_ **Wednesday** \_\_\_\_\_ **Thursday** \_\_\_\_\_ **Friday**

**Parent/Guardian Information:**

1. Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_  
Address \_\_\_\_\_ Cell \_\_\_\_\_  
Place of Employment \_\_\_\_\_

2. Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_  
Address \_\_\_\_\_ Cell \_\_\_\_\_  
Place of Employment \_\_\_\_\_

**Persons (age 16 or older) authorized to pick up student other than Custodial Parent(s):**

1. Name \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
2. Name \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Medication Information:**

If your child takes medicine in the afternoon, identify the types, dosage, and time to be given:

**Allergies:** food, insect bite/sting, drug (please specify):

**Emergency Care Information:**

Physician's Name: \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone \_\_\_\_\_

**Emergency Contacts (if parent cannot be reached):**

Name: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Relationship: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

*I would like to enroll my child in the Extended Day Program and include the non-refundable registration fee of \$30 with this enrollment form. I have read and understand the policy regarding late pick-up.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_