

☐AM Only

CHILD INFORMATION:

Child's Name _____

□ PM Only

ED Center Site:	
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_Birthdate _____Age ____

Extended Day Center Program 2017-2018 Registration for Before and After School Care Hours of Operation: Monday – Friday 6:30am – 6:00pm

(This form must be completed and returned prior to your child being considered enrolled)

□AM & PM

Home Address	(City	_ State	Zip Code	
Home Phone	Child's Grade	_Child's Teacher			
*Ethnicity: Hispanic/Latino Not F *Information used for data collection		merican Indiana/Alaskan Native ative Hawaiian/Pacific Islander		☐ Black/African American ☐ Bi-Racial	
Family Doctor	Phone_	Insurance	e Co		
Ambulance Preference	Hospital Preference				
Child's Allergies					
Medical Conditions					
☐ My child received the chicken pox vaccir	ne (date)	My child	had chicken	pox (date)	
Special Instructions					
PARENT INFORMATION: (Please check to	he box below to indicate v	who has legal custody)			
☐ Parent/Guardian #1 Name	A	ddress	Home	Phone	
☐ Parent/Guardian #2 Name	A	ddress	Hom	ie Phone	
Parent/Guardian #1 Workplace		Work Phone Workda		day ends	
Parent/Guardian #2 Workplace		Work Phone		day ends	
Parent/Guardian #1 Cell Phone	Email	Parent/Guardian #2 Cell Pho	ne	Email	
In case of emergency when parent cannot be reach	ed, the individuals listed below	may be called and/or authorized to pi	ck up:		
	Home Ph	one	Cell Phone		
	Home Ph	Home Phone		Cell Phone	
My child may be released only to the followi 1		additional information if necessal 3	-		
2		4			
MY CHILD MAY NOT BE RELEASED TO THE FOLL	.owing Individual(s):				
I agree to pay my childcare fee on the Monda parent/guardian that states otherwise. I understa coordinator, director and/or the associate superir case of an emergency involving my child, it is the event the parent/guardian cannot be contacted, s child has not been picked up and my emergency	nd that the school reserves the ntendent determines that contine policy of the EVSC to give firs school officials will contact 911.	e right, in extreme circumstances, to nued attendance would not be in the st aid treatment while contacting the . If I am late picking up my child, the	terminate the best interest parent/guardi en a late fee w	enrollment of any child if the of either my child or the school. In an for further instructions. In the ill be charged to my account. If my	
Parent/Guardian Signature #1	Date Pa	arent/Guardian Signature #2		Date	
ED Center Office Use Only: Updated on (Date):	By (Initials):			1/2017	

ED Center Site:	



EXTENDED DAY CENTER PROGRAM

Student Behavior Responsibilities & Discipline Policy

The Evansville Vanderburgh School Corporation's Extended Day Center (ED Center) Program strives to create a positive, nurturing, and safe environment. The ED Center follows the EVSC student conduct responsibilities and policies, in addition to the following guidelines.

Students are expected to:

- Follow school rules and expectations
- Be courteous and respectful to everyone
- Respect ED Center property
- Be responsible for personal property
- Follow directions given by ED Center staff

In response to unacceptable behaviors, the following consequences will occur:

- Loss of privileges
- Break from group activities
- Behavior form (child will help complete and parent must sign)
- Phone call to parent
- 1 day suspension
- 3 days suspension
- 5 days suspension
- Termination from program

The ED Center staff will make every effort to redirect and reteach children who are having a difficult time following expectations. If parents/guardians have any concerns, then immediately address concerns with the coordinator. If issues remain unresolved, then contact the ED Center Program director.

Child's Name		
Parent/Guardian Signature	Date	