

# Our Lady of Humility Extended Day Program

EDP Form for the 2017-2018 School Year

Previously in EDP: Yes / No

New Family Fee is \$25.00 (One time only)

Family Name: \_\_\_\_\_ Family Address: \_\_\_\_\_

**STUDENT INFORMATION\*:** \_\_\_\_\_

First Name	Last Name	Grade	Date of Birth	Gender
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\*List Any Student Allergies: \_\_\_\_\_

**PARENT & EMERGENCY CONTACT INFORMATION:**

Mother's Name: \_\_\_\_\_

Mother's Work / Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Work / Cell: \_\_\_\_\_

Other than parents: \_\_\_\_\_

Work / Cell: \_\_\_\_\_

**PLEASE CHOOSE ONE OF THE FOLLOWING OPTIONS – NOT BOTH**

Option A:

AM – Circle the days that your child(ren) will attend EDP: M T W TH F

PM – Circle the days that your child(ren) will attend EDP: M T W TH F

Option B:

AM – Only as needed \_\_\_\_\_ PM – Only as needed \_\_\_\_\_

**NAME OF PERSON(S) WHO MAY PICK UP YOUR CHILD (OTHER THAN PARENTS / EMERGENCY CONTACTS)\*\*:**

Name	Phone Number	Relationship to child
_____	_____	_____
_____	_____	_____
_____	_____	_____

***\*\*\*Please be advised that no child will be released to anyone else unless we receive a note signed by the parent or guardian permitting us to do so.***

We, the parents, hereby grant permission for OLH to provide medical assistance to be secured by the closest facility for our child(ren) should it be deemed necessary by the supervisory staff, realizing the burden of payment is the responsibility of the parents.

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

Print Parent / Guardian Name: \_\_\_\_\_