

Monroe Extended Day Enrollment Form

Student Name: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

Grade: _____

Days of the Week Attending:

Extended Day PM (1:30pm-5:30pm) Monday Tuesday Wednesday Thursday Friday
\$10.00 per day

Date Student Will Start Attending: ____/____/____

Child Health Information

Authorized Physician: _____ Physician's Number: _____

Hospital: _____

Health Insurance Company: _____

Health Insurance Policy Carrier: _____ Policy or Group Number: _____

Does your child have any allergies? Yes No

If yes, please explain allergy and reaction: _____

Does your child have any disability, chronic or recurring illness or conditions, I.e. asthma, diabetes ect.) Yes No

If yes, please explain allergy and reaction: _____

Current Medications: _____

Parent(s)/Guardian(s) Information

Parent/Guardian #1 Name: _____ Authorized for Pick Up: Yes No

Address (if different): _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Preferred Method of Contact: Work Cell Home

Parent/Guardian #2 Name: _____ Authorized for Pick Up: Yes No

Address (if different): _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Preferred Method of Contact: Work Cell Home

Emergency Contact/Additional Pickups

Name: _____ Authorized for Pick Up: Yes No

Address (if different): _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Preferred Method of Contact: Work Cell Home

Name: _____ Authorized for Pick Up: Yes No

Address (if different): _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Preferred Method of Contact: Work Cell Home

Name: _____ Authorized for Pick Up: Yes No

Address (if different): _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Preferred Method of Contact: Work Cell Home