



EXTENDED DAY ENRICHMENT PROGRAM REGISTRATION 2025-2026

ENROLLING IN: BEFORE SCHOOL ☐ AFTER SCHOOL ☐ BEFORE/AFTER ☐

SDMC EMPLOYEE ☐

CHILD'S NAME: _____ BIRTH DATE: _____ AGE: _____

2025-2026 GRADE: _____ WHO DOES CHILD LIVE WITH: MOM ☐ DAD ☐ BOTH ☐ OTHER ☐

NAME OF PRIMARY PARENT/GUARDIAN: _____ PHONE: _____

ADDRESS: _____ CELL PHONE: _____

CITY, STATE ZIP: _____ EMAIL ADDRESS: _____

WORKPLACE: _____ WORK PHONE: _____

DRIVER'S LICENSE NUMBER: _____

NAME OF OTHER PARENT/GUARDIAN: _____ PHONE: _____

ADDRESS: _____ CELL PHONE: _____

CITY, STATE ZIP: _____ EMAIL ADDRESS: _____

WORKPLACE: _____ WORK PHONE: _____

DRIVER'S LICENSE NUMBER: _____

EMERGENCY CONTACTS: _____ PHONE: _____

Name

Relationship

PHONE: _____

Name

Relationship

PHONE: _____

Name

Relationship

FAMILY DOCTOR'S NAME: _____ PHONE: _____

MEDICAL CONCERNS WE SHOULD BE AWARE OF (ALLERGIES, ETC.): _____

NAMES OF PERSONS, OTHER THAN PARENTS, TO WHOM YOUR CHILD MAY BE RELEASED:

Name/Relationship

Name/Relationship

Name/Relationship

SIBLING(S) ENROLLED IN EDEP:

NAME: _____ GRADE: _____ NAME: _____ GRADE: _____

BY SIGNING BELOW AS THE ENROLLING PARENT, I HEREBY AGREE TO THE NON-REFUNDABLE \$40 REGISTRATION FEE AND ABIDE BY AND HAVE SIGNED THE TERMS AND CONDITIONS OF THE PROGRAM AND THE PARENT HANDBOOK. I FURTHER AGREE THAT ANY CHECK THAT IS RETURNED UNPAID, MAY BE RE-PRESENTED ELECTRONICALLY FOR PAYMENT, AND I AGREE THAT A SEPARATE ELECTRONIC DEBIT FROM THE ACCOUNT ON WHICH THE CHECK IS DRAWN MAY BE MADE FOR ANY SERVICE FEES ASSOCIATED WITH THE COLLECTION OF SUCH CHECK.

PRINT NAME: _____ SIGNATURE: _____ DATE: _____

SCHOOL USE ONLY

START DATE: _____ REGISTRATION PAID: _____ CASH: ☐ CHECK: ☐ NUMBER _____

CLASSROOM TEACHER'S NAME: _____