

**Vestavia Hills City Schools Extended Day Program**  
**School Year - 2015-2016**  
**Kindergarten through 8<sup>th</sup> Grade**

**\$45.00 registration Fee**      **\$50.00 per 5 day week**      **\$32.00 per 3 day week**  
*(per family)*      *Please indicate which days*  
**M T W Th F**

School Attending 2015-2016: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

First Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Second Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized to pick up and Emergency Contact Numbers:

Name	Relation to child	Phone #

People who may not pick up my child

\_\_\_\_\_

\_\_\_\_\_

Health Concerns:

\_\_\_\_\_

\_\_\_\_\_

Special needs:

---

---

Medications:

---

---

If you have children that will be attending EDP in one of our other schools please list them here:

Name	Grade	School

We would like your permission to videotape and/or photograph your child if the occasion arises and possibly use the picture on the school website. Names are not posted with the pictures.

\_\_\_ **Yes**, I give permission for my child to be videotaped/photographed/included in website postings.

\_\_\_ **No**, I do not give permission for my child to be videotaped/photographed/included in website posting

I have read and understood the Extended Day Program Handbook.

Child's Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Office Use Only:

Classroom Teacher:

Registration Paid \_\_\_\_\_ Check Number \_\_\_\_\_