

## VILLAGE EXTENDED DAY ENROLLMENT FORM

RECORD OF CHILD ACCEPTED

Child's Name: \_\_\_\_\_  
Last First Middle Alias

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Preferred Start Date: \_\_\_\_\_

Child's Grade (2024-2025 School Year): \_\_\_\_\_ Child's Teacher (if known): \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian 1 E-mail: \_\_\_\_\_ Does child live with Parent/Guardian 1?: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian 2 E-mail: \_\_\_\_\_ Does child live with Parent/Guardian 2?: \_\_\_\_\_

<b>Parent/Guardian 1</b>	Home Address	Zip	Home Phone	Cell Phone
	Employer Address	Zip	Employer Name	Work Phone
<b>Parent/Guardian 2</b>	Home Address	Zip	Home Phone	Cell Phone
	Employer Address	Zip	Employer Name	Work Phone

### Legal Custody

Person(s) permitted to remove child:

Mother	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Father	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Guardian	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Persons in addition to parents/guardians to be contacted in case of illness, accident, or emergency and those persons authorized to remove Child from the facility (to add an authorized pick up this must be done in writing at anytime during enrollment in the program).

Name	Phone	Relationship
Name	Phone	Relationship
Name	Phone	Relationship
Name	Phone	Relationship

### Preferred Schedule

- Before and Afterschool
- After-school Only
- Before-school Only

**Choose Days: (Circle Days Attending days must stay consistent each week)**

**Monday      Tuesday      Wednesday      Thursday      Friday**

## Child Information and Parent Signatures

**Child's Name:**

\_\_\_\_\_

Last

First

Middle

**Birth Date:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Preferred Start Date:** \_\_\_\_\_

**Please answer the following questions:**

1. Are there any foods or medicines to which your child is allergic? Any other allergies? Explain.
  
2. Does your child have any health or developmental concerns of which we should be aware? Does your child have an IEP, 504 Plan, or other behavioral plan? Explain.

BY SIGNING THIS DOCUMENT I HAVE READ AND UNDERSTAND THE INFORMATION BELOW:

- **My child may be photographed, and the photos may be used for newsletters, general publications, displayed at our facility, and/or for publicity, including any of our websites.**
- **My child is allowed to consume store-bought or home-prepared food brought in by staff or families to include, but not limited to for the following occasions: cooking projects, daily snacks, birthday parties, celebrations.**
- **I have been supplied a copy of the Child Care Facility Brochure, KNOW YOUR CHILD CARE CENTER, published by The Department of Children and Families available on the program website.**
- **I have read and understand the Village Extended Day Parent Handbook available on the program website**

### GENERAL RELEASE AND HOLD HARMLESS AGREEMENT

I/We, \_\_\_\_\_, First Party, as the parent(s) and natural guardian(s) for \_\_\_\_\_, a minor child, for the sole consideration of enrolling the minor child in Village Extended Day programs, by these presents, for themselves and their minor child, her/his heirs, executors, administrators and assigns, do hereby remise, release, and forever discharge Village Extended Day, the Second Party, its successors and assigns, of and from any and all claims, demands, damages, costs, expenses, actions and causes of action, arising from participation of the minor child in any program, foreseen and unforeseen, and the consequences thereof, resulting, and to result from, any participation in such program, including bodily and personal injuries, and loss and damage to property.

It is further understood and agreed that the First Party does hereby hold harmless Village Extended Day, its successors and assigns, for any medical costs or expenses incurred for any treatment of any such injuries, and the First Party agrees to be solely responsible to pay or reimburse for any such medical charges or expenses incurred including transportation expenses.

This release contains the Entire Agreement between the First Party as parent(s) and natural guardian(s) of \_\_\_\_\_ and Village Extended Day. The terms of this release are contractual and not mere recital.

Signature of Parent or Legal Guardian: \_\_\_\_\_

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