Tuscaloosa County School System

Extended Day Program Registration
2020-2021

Please clearly print all information and return this registration form to the school office. Please notify the school in writing of any changes in this information during the school year.

Student's Name: _____ _____ _____
(First) (Middle) (Last)

Age: _____ Grade: _____ School: _____ Teacher:_____

Student's Address: _____

City: _____ Zip: _____

Mother's/Guardian's Name: _____ Cell Phone: _____

Mother's/Guardian's Place of Work: _____Phone: _____

Father's/Guardian's Name: _____ Cell Phone: _____

Father's/Guardian's Place of Work: _____Phone: _____

Parent Email(s): _____ _____

Describe any medical problems/allergies of this student:

_____

Persons to contact in an emergency if parents cannot be reached. (These should be names and numbers of responsible individuals who can be reached between 3:00 p.m. and 5:45 p.m. each day in case of emergencies)

Name:_____Phone:_____

Name:_____Phone:_____

Doctor's Name:_____Phone:_____

Does the school have permission to seek emergency medical treatment if parents cannot be reached? ____Yes ____No

Persons other than parents/guardians who are authorized to pick up the student from the extended day program:

Name:_____Phone:_____

Name:_____Phone:_____

Usual Mode of Transportation (check one): Bus: _____ Bus Number: _____ Car Pick-up at School: _____

Early School Dismissal- How will your child go home? Bus: _____ Bus Number: _____ Car Pick-up at School: _____

Which day(s) will your child be in the extended day program?

☐ My Child will be in the extended day program every day
☐ My Child will be in the extended day program on ☐ Mondays ☐ Tuesdays ☐ Wednesdays ☐ Thursdays ☐ Fridays
☐ My Child will be in the extended day program only as needed. (School to be notified in writing of days)

"I/we have read information published by the Tuscaloosa County School System regarding the operation of the Extended Day program. I agree to pay in full for the days that my child attends the program. I understand that my child will not be allowed to attend the Extended Day program if outstanding balances are not paid in full."

Parent/Guardian Signature:_____Date:_____

Use an additional sheet and attach to the back of this registration form to write any information about your child that you would like the extended day staff to consider or be aware of as they plan and operate this program.