



# Before the Bell and Extended Day Enrichment Programs

## SY 2021-2022 Registration Form

### Child's Information

Name: \_\_\_\_\_ Alpha Code:  Birth Date: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_  
 Address (street, city, zip code): \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Child will attend (select one):  AM  PM  Both

### Mother's Information

Full Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
 Employer's Name/Address: \_\_\_\_\_  
 Custodial Parent (if married, mark both parents) Email Address: \_\_\_\_\_

### Father's Information

Full Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
 Employer's Name/Address: \_\_\_\_\_  
 Custodial Parent (if married, mark both parents) Email Address: \_\_\_\_\_

The following individuals have permission to pick up my child. These are also the individuals who can be called if there is an emergency and I cannot be reached. I understand all changes to this list must be received in writing.

Name	Relationship	Phone Number

### Additional Emergency Contact Information

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

The following information will enable us to better protect your child's health and safety.

Does your child have any medical or other conditions we need to be aware of?

Do we need to administer medications for this, or any other condition?  Yes  No

If yes, list medication(s): \_\_\_\_\_

List any allergies your child has: \_\_\_\_\_

Office Use Only			
Entry Date: _____	Tuition Rate: <input type="checkbox"/> Reg/SID <input type="checkbox"/> F/L <input type="checkbox"/> R/L <input type="checkbox"/> VCS/SID		
Receipt #: _____	Check #: _____	<input type="checkbox"/> Credit Card	
CC Receipt #: _____	Amount: _____	Date: _____	



# Before the Bell and Extended Day Enrichment Programs

## SY 2021-2022 Registration Form

### Extended Day Enrichment and Before the Bell Programs Agreement

Please initial and sign in the spaces marked below.

\_\_\_\_\_ I agree to pay the weekly tuition for my child on or before the scheduled due date according to the EDEP/BTB Weekly Fee Schedule and understand payment must be turned in to the EDEP/BTB Facilitator during regular program hours of operation, according to the parent handbook.

\_\_\_\_\_ I agree to provide the following changes in writing as soon as they occur:

- My home/cell phone and/or home/work address and phone numbers
- Contact information for individuals authorized to pick up my child
- Emergency contact numbers
- Medical needs

\_\_\_\_\_ In the event of a school-wide evacuation, I grant permission to the EDEP/BTB staff and school administration to transport my child to a safe location, from which I will be notified.

\_\_\_\_\_ I have received a copy of the EDEP/BTB parent handbook.

\_\_\_\_\_ I have received a copy of the W-10 form.

\_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date

### Parental Permission for Viewing PG Videos

I understand that the Extended Day Enrichment/Before the Bell Program plans to use Facilitator-selected videos rated Parental Guidance (PG) by the Motion Picture Association of America. I also understand that my child is not required to view these videos and that an alternative activity will be provided if I do not grant permission for viewing the selected PG videos.

I do \_\_\_\_ / do not \_\_\_\_ give my permission for my child to view the selected PG videos.

\_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date

### News Media Release

The undersigned hereby authorizes the School District of Volusia County to permit his/her child, named below, to be interviewed, photographed, videotaped and/or sound recorded by members of the news media, with the understanding that the results of these interviews, and such photographs, videotapes, or other recordings may be used by the media in any publication and/or newscast, including but not limited to, printed publications, television broadcasts and radio broadcasts.

Valid for the 2021-2022 School Year

#### Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Student ID: 

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 Grade: \_\_\_\_\_

School: \_\_\_\_\_

I represent that I am this child's parent/guardian, and I agree to the foregoing on his/her behalf.

\_\_\_\_\_ Parent/Guardian Name (printed)

\_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date