

Riverview School District #407
Extended Day Program
APPLICATION FOR ENROLLMENT

1st	2nd	3rd	Child
()	()	()	Before School
()	()	()	After School
()	()	()	Before/After School
()	()	()	Half Day/CPT

Child's Name (1) _____ Age _____ Birthdate _____ Sept. Grade _____

Child's Name (2) _____ Age _____ Birthdate _____ Sept. Grade _____

Child's Name (3) _____ Age _____ Birthdate _____ Sept. Grade _____

Home Address: _____ Zip Code: _____

Home Phone: _____ School: _____

List any health concerns/problems (including allergies): _____

Mother's Name: _____ Home Phone: _____

Address (if different from child's) _____ Zip Code: _____

Employer: _____ Work Phone: _____ Work Hours: _____

Father's Name: _____ Home Phone: _____

Address (if different from child's) _____ Zip Code: _____

Employer: _____ Work Phone: _____ Work Hours: _____

EMERGENCY CONTACTS (During School Day) IF PARENTS CAN'T BE REACHED

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Work Phone: _____ Work Phone: _____

EMERGENCY CONTACTS (AFTER 6:30PM) IF PARENTS CAN'T BE REACHED

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Work Phone: _____ Work Phone: _____

Who will/may transport your child? _____

Arrival Time _____ Departure Time _____

Special Arrangements: _____

I have read and understand the Extended Day policies as outlined in the handbook.

_____ Date

_____ Parent Signature