



The Southdowns PreK Center Extended Day Program 2022-2023
 Registration Information
(one registration per child is required)

Student: _____

Class Type: Reg. Ed/ ESS

Teacher: _____

Please circle one: AM Only PM Only AM and PM

Start date: ____/____/____

Parent/Guardian Information:

Parent/Guardian's Name and Contact Information: Name: _____ Cell #: _____ Work #: _____ Email: _____	Parent/Guardian's Name and Contact Information: Name: _____ Cell #: _____ Work #: _____ Email: _____
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Emergency Contact Information:

Full Name (no nickname) and Contact Information: Name: _____ Relationship: _____ Cell #: _____ Work #: _____	Full Name (no nickname) and Contact Information: Name: _____ Relationship: _____ Cell #: _____ Work #: _____
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People allowed to pick up your child: * (other than your emergency contacts)

Full Name (no nickname)	Phone #	Relationship to Student

*For the safety of your child, please let the above listed people know that they may need to provide a picture ID matching the name that you provided to be able to pick up your child.

Is there a court order that prevents anyone from seeing or picking up your child? Yes-No
 If you circled yes, please list the restricted person's full name below and provide a copy of the court order to be kept on file.

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Food Allergies/Religious Restrictions:*

List any foods that your child cannot eat due to food allergies or religious restrictions.

*Please note that to provide substitute food items, Food Services will require a form to be filled out and signed by a doctor. This form can be obtained by Southdowns' Cafeteria Manager. If you have filled out a form for breakfast and lunch restrictions, you do not need to fill out another form.

Other Allergies (ex: ants, bees):

Allergy	Reaction	List any medicine at school for this allergy?

Health Concerns (Asthma etc.):

List any other health concerns that your child may have.

Health Concern	List any medicine at schools for this concern?

For ESS students:

By my signature, I give my permission for extended day personnel to view my child's special education documents in order to provide an appropriate educational environment.

Parent Name and Signature: _____

Date: ____/____/____

By my signature, I acknowledge that I have read, understand, and agree to the terms and policies listed in Southdowns' Extended Day Handbook.

Parent Name and Signature: _____

Date: ____/____/____