

*Otis A. Mason Elementary School  
Extended Day Program  
2014-2015*

**Registration Fee: \$50.00 per child (non-refundable)  
1<sup>st</sup> and last week tuition is due upon enrollment (refundable)**

**Childs Teacher:** \_\_\_\_\_

**Child's Name** \_\_\_\_\_  
(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_  
**Date Enrolled** \_\_\_/\_\_\_/\_\_\_ **Birthdate** \_\_\_/\_\_\_/\_\_\_ **Grade:** \_\_\_ **Sex:** \_\_\_M \_\_\_F

**RESIDENCE:**

**Mother's Name** \_\_\_\_\_ **Father's Name** \_\_\_\_\_

**Mother's Home Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Father's Home Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Child resides with:** \_\_\_Mother \_\_\_Father \_\_\_Both \_\_\_Other (Ext Family)

**PARENTS' EMPLOYERS:**

**Mother's** \_\_\_\_\_ **Wk Phone** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Email address- Mother-** \_\_\_\_\_

**Father's** \_\_\_\_\_ **Wk Phone** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Email address- Father** \_\_\_\_\_

**MEDICAL CONTACT:**

**Child's Physician** \_\_\_\_\_ **Phone #** \_\_\_\_\_ **Address** \_\_\_\_\_

**May MES call another physician if unable to contact the above?** \_\_\_\_\_Yes \_\_\_\_\_No

**CUSTODIAL RIGHTS: (Parents permitted to remove the child.)**

**Father:** \_\_\_Yes \_\_\_No **Mother:** \_\_\_Yes \_\_\_No **Step-Parent:** \_\_\_Yes \_\_\_No

**If "No" is answered to the above on the natural parents, custodial papers must be on file in the school office to legally enforce.**

**ALTERNATIVE CHILD PICK-UP/EMERGENCY CONTACT APPROVED LIST:**

**I hereby give OTIS MASON EXTENDED DAY permission to release my child to one or more of the following persons:**

<b>Name</b> _____	<b>Relationship</b> _____	<b>Phone</b> _____
<b>Name</b> _____	<b>Relationship</b> _____	<b>Phone</b> _____
<b>Name</b> _____	<b>Relationship</b> _____	<b>Phone</b> _____
<b>Name</b> _____	<b>Relationship</b> _____	<b>Phone</b> _____

**SPECIAL INSTRUCTIONS AND/OR MEDICAL CONCERNS:**

\_\_\_\_\_

**Date** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_