

OTIS MASON EXTENDED DAY 2018-2019 Registration

Be sure to print & complete
this form. Bring it with you at
the time of registration.

Registration Fee: \$50.00 per child (non-refundable), first and last week tuition (refundable).

Child's 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 _____

PARENT'S EMPLOYERS:

Mother's _____ Wk Phone _____ Cell # _____

Email address- Mother _____

Father's _____ Wk Phone _____ Cell # _____

Email address- Father _____

MEDICAL CONTACT:

Child's Physician _____ Phone # _____

Address _____

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, custody papers must be on file in the school office to legally enforce.

MY child may ____/ may not ____ watch PG rated movies.

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:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

SPECIAL INSTRUCTIONS AND/OR MEDICAL CONCERNS:

Date _____ Parent Signature _____