OTIS MASON EXTENDED DAY 2018-2019

Be sure to print & sign this form and bring it with you at the time of registration.

Registration Fee: 50.00 per child (non-refundable), 1^{st} and last week tuition (refundable)

Childs Teacher:				
Child's Name				
(Last) Date Enrolled//	(First)	(MI)	. 1/1	10
	Birthdate <u>//</u>	Grade: Sex	:NI	_ r
RESIDENCE:				
Mother's Name	Father's Nan	ne		
Mother's Home Address		Phone		
Father's Home Address		Phone		
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		<u></u>
CUSTODIAL RIGHTS: (Parent	ts permitted to remove the o	child.)		
Father:YesNo Mo	other:YesNo	Step-Parent:	Yes	No
If "No" is answered to the abo school office to legally enforce		ustody papers mus	t be on file	in the
MY child may/ may not	watch PG rated mov	ries.		
ALTERNATIVE CHILD PICK-	UP/EMERGENCY CONTACT	APPROVED LIST:		
I hereby give OTIS MASON EX following persons:	TENDED DAY permission t	to release my child	to one or n	nore of the
Name				
Name	Relationship	<u> </u>	Phone	
Name	Relationship	<u> </u>	_Phone	
SPECIAL INSTRUCTIONS AN	D/OR MEDICAL CONCERN	S:		
Date	Parent Signature			