

OTIS MASON EXTENDED DAY

2020-2021

Registration Fee: \$50.00 per child (non-refundable), 1st and last week tuition (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** _____

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** _____

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 _____