

For office use only:

Reg fee: \$ Date: Paid by:

School Year 2020-2021



Welcome to the Cove!

Ketterlinus Extended Day Program

Child's Name: _____
Last First MI

Birth Day: ___ / ___ / ___ Sex: M F Nickname: _____ Grade attending for this registration: _____

Program Needed:(circle) Before School Only After School Only Before and After SJCSD Employee Punch Card

Residence:

Mothers/ Legal Guardian Name: _____ Email Address: _____
Address: _____

Home#: _____ Cell#: _____

Employer: _____ Work#: _____

Fathers/ Legal Guardian Name: _____ Email Address: _____

Address: _____ Home#: _____ Cell#: _____

Employer: _____ Work#: _____

Custodial Rights: (Parent still permitted to remove child even if marked NO (Court documents must be present or on file)

Mother: YES NO

Father: YES NO

Medical Contact:

Physican: _____ Phone#: _____

Address: _____

Alternative Child Pick-up/ Emergency Contact List:

I hereby give The Cove , KES Extended Day Program permission to release my child to one or more of the following persons:

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

If your child has an allergy and/or medical condition a detailed "Medical Alert" will be added to your child's Group Leader's attendance sheet. This is a continued effort to keep every Group Leader in every center aware of every child's medical concerns.

We are aware of the sensitive nature of this information; therefore one copy (the Group Leader's copy) will have detailed information about your child's allergy and/or medical condition, while the other copy (the parent check-out copy) will not have any detailed information. While our staff recognizes that this information is a private matter, there is always a chance that the other students may observe the information on the attendance sheet due to the close interaction that the students and group leaders have.

For the purpose of my child's safety, I am in agreement with the allergy and/or Medical Alert disclosure _____

Parent Signature: _____

Date: _____

PLEASE SIGN AND DATE / REVERSE SIDE