

SAY 2017/2018

ENROLLMENT AND AGREEMENT UPDATE

To complete your child's enrollment in the SAY Extended Day program, please complete this agreement. This is a binding agreement, which can only be changed by SAY or by the enrolling parent/s in accordance with the Parent Policies.

Tenemos esta forma disponible en español, si ocupa por favor pídala.

Enrollment is open to all elementary and middle school students attending the host school, without regard to race, sex, national origin, religion, physical handicap or disability, on a space-available basis Enrollment forms and fees are explained prior to registration. Parents must read and sign parent information sheets, which outline the program policies and procedures. Enrollment forms must be completed and appropriate fees paid prior to a child's first day in the program and forms must be updated as changes occur.

Child Name _____ <small>FIRST LAST</small>	Sept. 2017 Grade _____	Birth Date: _____
Child Name _____ <small>FIRST LAST</small>	Sept. 2017 Grade _____	Birth Date: _____
Child Name _____ <small>FIRST LAST</small>	Sept. 2017 Grade _____	Birth Date: _____
School your child(ren) will be attending the 2017-2018 school year: _____		

(All parents/legal guardian who live in the same house with the child/ren please fill out completely and print and sign below)

I agree to read and to adhere to the policies and procedures included in this packet.

1. Parent/Legal Guardian Name Print _____ Sign _____

Cell Phone (____) _____ Day time phone number (____) _____ Email Address

2. Parent/Legal Guardian Name Print _____ Sign _____

Cell Phone (____) _____ Day time phone number (____) _____ Email Address.....

Home Address _____ Zip _____ Home Phone (____) _____

Person responsible for payment:

Print _____ Sign _____ Date _____

Please provide any updates for your child. Incoming siblings require other forms.

Update of any names of adults authorized to take the child from the facility or to be called in case of emergency.

Update of Doctor or Dentist _____

Update of any allergies or other medical limitations _____

Update on family information _____

Update on child(ren) Information _____

Other _____

Please attach additional page(s) if needed.