



Extended Day School (EDS)
Agreement and Authorization Form
2019-2020

Family Name _____

Table with 3 columns: Child's Name, Birthdate, Grade. Includes four rows of blank lines for entry.

Will you be using EDS in the: _____ Morning? _____ Afternoon?

Usual days of attendance:
_____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri.
_____ Will only use on occasion

Estimated time of pick up: _____

The following adults are authorized to pick up my child(ren):

(Students who participate in EDS will only be allowed to leave with the adults listed below. If an adult is not on the list, the student will not be dismissed. They should be prepared to present a picture ID.)

Name/Relation Name/Relation

Name/Relation Name/Relation

Do not allow my child/ren to be picked up by: _____

Health Awareness

Please specify medical allergies, chronic illnesses, or other conditions the extended care staff should be aware of and for which child:

Emergency Contact Information

1. Mother's Place of Work: _____ Work Phone # _____

Cell Phone # _____ Email Address: _____

