

Orange County Public Schools  
**EXTENDED DAY ENRICHMENT PROGRAM**

School Teacher \_\_\_\_\_

Ext. Day Group \_\_\_\_\_

# Registration and Emergency Form

**Please Print:**

\_\_\_\_\_  
**Student's Last Name**                      **Student's First Name**                      Sex    Age    Grade    Birthdate

My student will attend:  AM only     PM only     AM/PM

**Student's Address:** \_\_\_\_\_  
Number                      Street Name                      Apt. #                      City                      Zip Code

**Legal Custodian/s of Student:** \_\_\_\_\_  
First Name                      Last Name                      Relationship to Student

**Other children in home (names, ages):** \_\_\_\_\_

**Student lives with:**  Both     Parent/Guardian1     Parent/Guardian2     Other (specify) \_\_\_\_\_

**Parent/Guardian 1:** \_\_\_\_\_    **Parent/ Guardian 2:** \_\_\_\_\_

**Relationship to student:** \_\_\_\_\_    **Relationship to student:** \_\_\_\_\_

**Address:** \_\_\_\_\_    **Address:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_ **Text**     **Primary Phone:** \_\_\_\_\_ **Text**

**Work Phone:** \_\_\_\_\_    **Work Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_    **Email:** \_\_\_\_\_

**Parent/Guardian1 may pick up student**

**Parent/Guardian2 may pick up student**

***Others authorized as Emergency Contacts and/or to Pick Up student.***

Student will only be allowed to leave with Authorized Individuals.

Copy of legal document must accompany denial of parental pick up.

Emergency Contact

Authorized Pick Up

\_\_\_\_\_  
Name                      Address                      Phone Number

Emergency Contact

Authorized Pick Up

\_\_\_\_\_  
Name                      Address                      Phone Number

Emergency Contact

Authorized Pick Up

\_\_\_\_\_  
Name                      Address                      Phone Number

**Code Word:** Used to verify telephone instructions concerning changes in pick-up for this Student: \_\_\_\_\_

**Medical Information: Known health problems, medical conditions & current medications.**

All official school board procedures related to dispensing medication must be followed.

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**Parent/Guardian: Please initial each box**

**Photo / Video Permission**

For and in consideration of benefits to be derived from the Extended Day program, I/we do hereby consent, authorize and grant permission to the School Board of Orange County, Florida, its agents, employees or duly authorized representatives to take photographs, motion pictures, video or audio tapes of my child, and do further consent to the publication of same. I/we hereby relinquish and give to the School Board of Orange County, Florida, all right, title, interest and/or compensation of said materials for publication or other use. I release any and all claims of any nature whatsoever arising from their use.

**Care / Transport / Treatment Permission**

In case of a minor accident or illness, I request the school to contact me. If I am unable to be reached, I request that one of the persons listed on this form be contacted to care for my child.

In the event of a life threatening accident or illness, I understand that the school may contact the 911 Emergency medical system immediately. I agree to be financially responsible for my child's care and Treatment.

In order to expedite the care of my child, I hereby give permission for the responding emergency team to immediately initiate treatment and transport of my child to the preferred or appropriate medical facility, According to what they deem is indicated by the nature or extent of the injuries. I agree to be financially Responsible for my child's treatment and transport.

I do hereby state that I am the parent or guardian of the student named on this form. In order to expedite care of student, I give my permission for the appropriate medical personnel and staff to initiate treatment immediately upon arrival to the appropriate facility. I agree to be financially responsible for this student's treatment. I also request that I (or a listed emergency contact person) be notified of my child's condition and admission as soon as possible.

\_\_\_\_\_ **Parent / Guardian Signature**

\_\_\_\_\_ **Date**

**To be completed by Extended Day Coordinator**

**Check appropriate box:**

- Full Tuition
- Ext. Day Staff (gratis) \_\_\_\_\_ principal/designee signature
- School Staff (50%) \_\_\_\_\_ principal/designee signature
- OCPS Scholarship (50%)  
(Please retain Approval Notices, Termination Notices and original Scholarship applications in a folder for audit.)
- Other (Please attach documentation / memo with principal/designee signature.)