



Title I

Extended Day Academic Program (EDAP)

2015-2016 Student Registration Form



Club Information

School Name	
Name of Activity	
Meeting day	Meeting time

Student Information

Student's Name	Grade
Parent/Guardian's Name	
Emergency phone number	
List any medical conditions or allergies we must be aware of	
List any accommodations (IEP, Bilingual etc.) that are relevant for this student's success in EDAP.	
How will student get home after this activity?	
What are the names of the people authorized to pick this student up?	
Reason for attending this activity	
<i>I understand that my student's consistent attendance in the after school services is important to his/her relationships with other students and progress academically. I understand that if my student is left at the school, the authorities will be notified per school policies. I understand that student and staff conduct is governed by the employee and student handbook.</i>	
Student's Signature	Date
Parent/Guardian's Signature	Date