

U.S. Jones Elementary School
21st Century Community Learning Centers
Extended Day Application
2017-2018

Student's Name: _____

Date of Birth: _____ Grade: _____ Homeroom Teacher: _____

Parent/Guardian: _____

Address: _____

Important Phone Numbers:

Home: _____ Work: _____ Cell: _____

Other Children Attending Extended Day Program:

Name(s): _____ School(s): _____

Emergency Contact:

Name: _____ Relationship to student: _____
Phone Numbers: Home: _____ Cell: _____

Name: _____ Relationship to student: _____
Phone Numbers: Home: _____ Cell: _____

Please list any medical conditions your child may have:

Doctor: _____ Phone #: _____

***In the event of illness or injury requiring immediate medical attention, the school authorities have my permission to contact the above mentioned doctor if I cannot be reached. If the above named doctor is not available, the school authorities have my permission to use any resources to insure the best possible care of my child. I will accept full responsibility for any cost that may be incurred.

Parent/Guardian's Signature: _____ Date: _____

