



# J.E. Cosgriff Memorial Catholic School EXTENDED DAY PROGRAM

2335 E. Redondo Avenue • Salt Lake City, UT 84108 • 801.484.8905

## Registration Form

### Family Information

Child's Last Name: \_\_\_\_\_ Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street City Zip

Parent/Guardian #1 Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Street City Zip

Home Phone: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell/pager: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Street City Zip

Home Phone: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell/pager: \_\_\_\_\_

Parent Email: \_\_\_\_\_

### Student Information

Child's Name	Sex	Birth Date <small>Mo/Day/Yr</small>	Grade	Precautions/Medications/Allergies
#1				
#2				
#3				
#4				

### Emergency Care Information

List TWO LOCAL relatives, neighbors, or friends to whom you delegate full authority and temporary care of you child IF YOU CANNOT BE REACHED IMMEDIATELY.

Name:	Address	Relationship	Phone Numbers HM:                      WK:                      Cell:
Name:	Address	Relationship	Phone Numbers HM:                      WK:                      Cell:

In the case of an emergency, I AUTHORIZE THE SCHOOL TO CALL THE PHYSICIAN LISTED OR ANOTHER IF HE/SHE CANNOT BE REACHED AND FOLLOW HIS/HER INSTRUCTIONS.

Doctor's Name:	Address	City	Phone Number
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CHOICE OF HOSPITAL: \_\_\_\_\_

I AUTHORIZE THE SCHOOL TO CALL AN AMBULANCE OR PARAMEDICS OR FIRE DEPARTMENT, AND TO FOLLOW THEIR INSTRUCTIONS. THE SCHOOL DOES NOT ASSUME RESPONSIBILITY IN THE ABOVE EMERGENCY PROCEDURES USED AND DOES NOT ASSUME PAYMENT FOR MEASURES TAKEN

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please make check payable to E.D.P. @ J.E. Cosgriff  
 \_\_\_ Reg. Fee KG-8<sup>th</sup> Grade \$40.00, then \$4.00 per hour  
 \_\_\_ Reg. Fee Preschooler \$50.00, then \$5.00 per hour  
 \_\_\_ Drop-in rate KG-8<sup>th</sup> Grade per hour \$5.00 (No Reg. Fee Paid)  
 \_\_\_ Drop-in rate Preschooler per hour \$6.00 (No Reg. Fee Paid)

<b>EDP USE ONLY</b>
CK# _____
AMT _____
Date PD _____



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## Designated Pick Up

The following individuals have permission to pick up my child/children from J.E. Cosgriff Extended Day Program

Name:	Address:	Relationship:	Home Phone: _____ Work Phone: _____
Name:	Address:	Relationship:	Home Phone: _____ Work Phone: _____
Name:	Address:	Relationship:	Home Phone: _____ Work Phone: _____
Name:	Address:	Relationship:	Home Phone: _____ Work Phone: _____

## Students' Schedule

Please indicate below what your needs will be for the school year by circling/indicating the students' grade level and most applicable schedule. This information is needed to schedule the Extended Day Program Staff.

Before School Only K 1 2 3 4 5 6 7 8	After School Only K 1 2 3 4 5 6 7 8	Before and After School K 1 2 3 4 5 6 7 8
M T W T F	M T W T F	M T W T F

Preschool student @ EDP mornings 8:30 a.m. - 12:30 p.m.	M T W T
Preschool student @ EDP afternoon 11:00 a.m. - 3:00 p.m.	M T W T

**\* Please sign below, registration will not occur unless form is signed**

I have read the Extended Day Program Handbook \_\_\_\_\_ Date \_\_\_\_\_  
Parent Signature