

## **VPK Extended Day Registration Form**

Student Name \_\_\_\_

School Year		Date of Birth	Gen	der	
Parent/Guardian:		Co-Parent/Guardian:			
Full Name					
Address					
Best Contact No					
Email					
For the safety of your children, it is authorized persons at dismissal or contact information for each authorize	from the Extended Da orized individual listed be	y and After School Prog	rams. Please prov		
Authorized Individual's Full Name	e Contact Number	Authorized Individua	l's Full Name Co	ntact Number	
	_				
Does your child have any physical  Does your child require any medici					
Child's Physician					
Release and Waiver of Liability: I gassistance they feel appropriate for treat my child in the event of an enwill indemnify and hold harmless officers, volunteers, and members to	or my child named abo mergency. I, for my mind the May Sands Montes	ove. I also give permission or child and myself, have sori School and its staff,	n for any emerge and do hereby as	ncy personnel to sume all risks and	
Please initial one:I hereby	case initial one: I hereby grant the release stated above.		I do not grant the release stated above.		
Parent/G		Date			
I give permission for my child to lec excursions in the neighborhood t Montessori School to use any and publication. All picture and videos	o include Bayview Parl all pictures taken that	k and Dairy Queen. I q include my child to be u	give permission to sed for publicatio	the May Sands	
Parent/G		Date			

- Payment is due at the time of registration
- The cost for our **Extended Day Program** is \$12 per day.
- Extended Day ends at 3:15
- Participation in the Extended Day Program will be denied to students with unpaid balances.