



Extended Day School (EDS)
Agreement and Authorization Form
2024-2025

Family Name \_\_\_\_\_

Table with 3 columns: Child's Name, Birthdate, Grade. Includes four rows of blank lines for entry.

Will you be using EDS in the: \_\_\_\_\_ Morning? \_\_\_\_\_ Afternoon?

Usual days of attendance:
\_\_\_\_\_ Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri.
\_\_\_\_\_ Will only use on occasion

Estimated time of pick up: \_\_\_\_\_

The following adults are authorized to pick up my child(ren):
(Students who participate in EDS will only be allowed to leave with the adults listed below. If an adult is not on the list, the student will not be dismissed. They should be prepared to present a picture ID.)

Name/Relation \_\_\_\_\_ Name/Relation \_\_\_\_\_
Name/Relation \_\_\_\_\_ Name/Relation \_\_\_\_\_

Do not allow my child/ren to be picked up by: \_\_\_\_\_

Health Awareness

Please specify medical allergies, chronic illnesses, or other conditions the extended care staff should be aware of and for which child:

\_\_\_\_\_
\_\_\_\_\_

Emergency Contact Information

1. Mother's Place of Work: \_\_\_\_\_ Work Phone # \_\_\_\_\_
Cell Phone # \_\_\_\_\_ Email Address: \_\_\_\_\_

