

David's Extended Care
80 W. Columbus St, Canal Winchester, Ohio 43110
FALL 2010-2011

Date of Registration: _____ Registration Fee Paid: _____ Check # _____
Child's Name: _____ Grade: _____ Schedule: AM & PM AM Only PM Only
(if you need Before or After school care on school days, please circle schedule above)

Kindergarten Enrichment (AM) _____ Kindergarten Enrichment (PM) _____

Preschool (5 full days) _____

Routine Trip Authorization

I give permission for my child to walk to the Canal Winchester Playground, Guiler Park, or accompany David's Extended Care staff on a local walk at any time during the program's operation. I understand that there will always be an adult present who is a member of the DEC Staff on these routine trips.

Parent/ Guardian Signature: _____ Date: _____

Release Form

I release David's Extended Care, its teachers, staff and volunteers, as well as anyone connected with the program, from liability claims of any kind resulting from accidental injuries that might be sustained by my child while on trips or on the premises.

Parent/ Guardian Signature: _____ Date: _____

Permission to Participate

I give permission for my child to use all of the play equipment and to be included in all activities, evaluations, and pictures connected with David's Extended Care.

Parent/ Guardian Signature: _____ Date: _____

Authorized Pick-Up Information

These people, in addition to Parent(s) and Emergency Contacts, are permitted to pick up my child:

1. Name: _____ Daytime Phone: _____

Relationship to the Child: _____

2. Name: _____ Daytime Phone: _____

Relationship to the Child: _____

3. Name: _____ Daytime Phone: _____

Relationship to the Child: _____