

**David's Extended Care**  
**80 W. Columbus St, Canal Winchester, Ohio 43110**  
**FALL 2009-2010**

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 (Redbird) \_\_\_\_\_ Kindergarten Enrichment (Bluebird) \_\_\_\_\_

Preschool (5 full days) Preschool (3 full days) Preschool ( 3 mornings) Preschool (2 mornings)  
(circle Preschool schedule above)

**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: \_\_\_\_\_