



## EXTENDED DAY PROGRAM ENROLLMENT FORM

Please complete the information below, sign where indicated, and return to the school office before your child attends the extended day program. If you have questions, contact the Program Director at 541-758-4674.

**ALLERGY ALERT:** \_\_\_\_\_

### GENERAL INFORMATION

School Year 2009-2010 Start Date \_\_\_\_\_ Days Requested (please circle) M T W TH F

Estimated Pick-up Time \_\_\_\_\_

Child Name \_\_\_\_\_ Grade \_\_\_\_\_

Parents Info:

Name \_\_\_\_\_

Name \_\_\_\_\_

Activities your child enjoys & other lessons your child attends \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child nap? Yes \_\_\_ No \_\_\_

Are there any other issues the director should be aware of? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Early Childhood families please bring a lunch and snack for your child.  
Please let the office know if your child will not be attending on a given day.  
For more information please contact Anna Tewes, Extended Day Program Director, at 541-758-4674.

*Thank you for cooperating with us in observing these rules and guidelines. Please sign, Acknowledging that you have read and understand the Extended Day Information and Agreement and return this form to the office. We require all parents whose children use the program to read and sign the agreement.*

Parent Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for choosing Corvallis Waldorf School Extended Day Program!**